

## **PINE MEADOW – NEW CLIENT FORM**

Thank you for giving us the opportunity to care for your pet!

Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear of our hospital?

- ☐ Individual, Someone We May Thank? \_\_\_\_\_
- ☐ Yellow Pages, or another telephone directory?
- ☐ Hospital Sign?
- ☐ Another Hospital? If so, which? \_\_\_\_\_
- ☐ Internet (Please specify which site or search engine? \_\_\_\_\_)
- ☐ Other, please state: \_\_\_\_\_

How much information do you want to be given about your pet's health?

- ☐ I want a full explanation – anything and everything.
- ☐ I want a brief explanation – just the important stuff.
- ☐ I just want to know if there's anything I need to do – keep it simple.

☺ ☺ **Please complete the Animal Medical History on the back of this page!** ☺ ☺



I authorize Pine Meadow Vet Clinic to post photographs and share details about my pet's visits on their Facebook page (the client's name will not be included in these posts):

\_\_\_\_\_ YES! \_\_\_\_\_ No, thank you.

## Animal Medical History

|   | Pet #1      | Pet #2      |
|---|-------------|-------------|
| Pet's Name  |             |             |
| Species (Dog, Cat, etc.)                                      |             |             |
| Breed   |             |             |
| Color and Markings  |             |             |
| Age or Date of Birth  |             |             |
| Sex   | Male Female | Male Female |
| Spayed or Neutered?<br>(if yes, at what age?)                 | Yes No      | Yes No      |
| Do they have a<br>microchip?                                  | Yes No      | Yes No      |
| Diet (Name of Your<br>Pet's Food)                             |             |             |
| Daily Medications,<br>Vitamins or Treats                      |             |             |
| Shampoo/Flea Products<br>Used                                 |             |             |
| Major Surgeries,<br>Medical Conditions,<br>Behavior Problems? |             |             |
| History of Vaccine<br>Reaction?                               | Yes No      | Yes No      |
| Other Allergies (food,<br>environment, etc.)                  |             |             |

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise completed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Preferred Method of Payment: ( ) Cash ( ) Check ( ) Credit Card