

# NEW CLIENT FORM

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Name and Number \_\_\_\_\_

Place Of Employment \_\_\_\_\_ E-Mail \_\_\_\_\_

Driver's License # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered**

Please indicate choice of payment.     Cash / Check     Visa     MasterCard

How did you become aware of our clinic?     Drove by     Yellow Pages     Previous Client

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3	PET # 4
NAME				
BREED				
DATE OF BIRTH				
COLOR				
SEX: SPAYED OR NEUTERED?				
YOUR DOG'S VACCINATION HISTORY:				
RABIES				
DHLP PARVO CORONA				
BORDETELLA				
FECAL (STOOL SAMPLE)				
HEARTWORM TEST/PREVENTION?				
YOUR CAT'S VACCINATION HISTORY:				
RABIES				
FVRCP				
LEUKEMIA TEST				
FELV				
FECAL (STOOL SAMPLE)				
<b>*MEDICATIONS*</b>				

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**I authorize Tamalpais Pet Hospital to treat my pet(s) for medical problems and if I cannot be reached by telephone, to render emergency care. I'm aware that all vaccinations must be current for admission and charged accordingly if not verifiable.    \* Signature \_\_\_\_\_**