New Client Form

Name (first & last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: Breed: Age: Sex:

Spayed or Neutered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Veterinary Clinic:

Reason for today’s visit:

How did you hear about us? Friend Internet Saw your sign Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet had any recent medical problems? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any chronic medical problems? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any allergies? (If yes, to what?) Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on any medications? (If yes, what?) Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet traveled out of state? (If yes, where?) Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet given heartworm preventative? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been tested for worms in the last year? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been on monthly flea/tick preventative? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet get outside unsupervised? Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet shown any of the following signs or symptoms?

Bad breath or unusual body odors? Yes No Head tilt or shaking? Yes No

Coughing, sneezing, or wheezing? Yes No Itching or Scratching? Yes No

Vomiting or Diarrhea? Yes No Poor coat or hair loss? Yes No

Scooting or biting of rear end? Yes No Skin problems? Yes No

Lameness or stiffness? Yes No Lumps or bumps? Yes No

Listlessness or weakness? Yes No Tremors or seizures? Yes No

Has your pet shown any significant change in any of the following?

Appearance of bowel movements? Yes No Change in appetite? Yes No

Frequency or amount of urination? Yes No Change in drinking? Yes No

Weight gain or loss? Yes No Change in behavior? Yes No

Are there any other changes in your pet that concern you?

These changes often precede early preventable diseases. Your help in filling out this information helps us identify potential problems and address your concerns.