

## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:



### CLIENT INFORMATION

Name \_\_\_\_\_ Spouse/Co-Owner's Name \_\_\_\_\_

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

Your Date of Birth \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Latest time we can call \_\_\_\_: \_\_\_\_ pm

Place of Employment \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Spouse/Co-Owner's Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Preferred method of contact: Phone or Email Preferred method of Vaccine reminders: Email or Mail

How did you become aware of our clinic? Personal Recommendation (Whom may we thank?) \_\_\_\_\_

Drove by \_\_, Yellow Pages (YP.com) \_\_, Website \_\_, Yelp \_\_, Google \_\_, I am a Previous Client \_\_, Friend \_\_,  
CHC \_\_, Chino Connects \_\_, Facebook Ad \_\_, Our Facebook Page \_\_, West Coast Magazine \_\_, Chino Champion Newspaper \_\_,  
Local Event (which one?) \_\_\_\_\_, Other \_\_\_\_\_

### PET INFORMATION

### PREVIOUS VET

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH/ AGE			
COLOR			
SEX; SPAYED OR NEUTERED?			
<b>LAST DATE YOUR DOGS VACCINATIONS WERE GIVEN:</b>			
RABIES			
DAP, DAPL (DHPP)			
BORDETELLA			
OTHER			
DEWORMING			
<b>LAST DATE YOUR CATS VACCINATIONS WERE GIVEN::</b>			
RABIES			
FVRCP			
LEUKEMIA			
OTHER			
DEWORMING			

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

Are your pet(s) on any special diets or medications? \_\_\_\_\_

**A 100% DEPOSIT IS REQUIRED FOR ALL SURGERIES AND HOSPITALIZATION PRIOR TO SERVICES BEING RENDERED.**

**ALL FEES ARE EXPECTED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT/HOSPITAL STAY.**

We accept all credit cards and Care Credit.

**SORRY NO CHECKS ARE ACCEPTED**

In the event any balance due hereunder is not paid as agreed or refund is requested by credit card company, the undersigned jointly and severally agrees to pay all costs including said unpaid balance, attorney fees, billing fees, collection fees, and finance charges.

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