WHITTIER DOG AND CAT HOSPITAL

NEW CLIENT INFORMATION SHEET

PLEASE PRINT

Today's Date: _____

Owner's Name: _____DL#_____Exp:_____

Spouse's Name: _____DL#_____Exp:___

Address: _____

City/State/Zip: _____**E-mail Address**: _____

Owner's Home Phone: _____Work Phone: _____ Employer: _____

Spouse's Home Phone: _____Work Phone: _____ Employer: _____

PET INFORMATION:

Pet's Name: _____ Dog___Cat___Other___Breed_____

Date of Birth/Age: _____ Sex: M F Color: _____ Spayed/Neutered? Y__ N__

Other Pets: Name: _____ Breed: _____ Age: ___
Name: _____ Breed: _____ Age: ___

MEDICAL HISTORY:

Please check if your pet has received the following within this last year.

CATS		DOGS		CATS & DOGS
FVRCP Vaccine	Y__ N __	DHLPP (Distemper/Parvo)	Y__ N__	Blood Test? Y _ N _ If yes, Date _____
Feline Leukemia Vx	Y__ N __	Corona Vaccine	Y__ N__	Fecal Exam? Y _ N _ If yes, Date _____
FIP Vaccine	Y__ N __	Bordatella (Kennel Cough)	Y__ N__	Dental Exam/Cleaning? Y _ N _
Rabies	Y __ N __	Lyme Vaccine	Y__ N__	If yes, Date _____
		Rabies	Y__ N__	Flea Control? Y_ N_
		Heartworm Test	Y__ N__	If yes, Type _____
				Heartworm Prevention? Y _ N _

Is your pet currently receiving any medication? Y _ N _ If yes, What? _____
Does your pet have any known drug allergies? Y _ N _ If yes, What? _____

HOW DID YOU BECOME AWARE OF OUR CLINIC?

Sign _____ Yellow Pages __ Which _____ Here Previously (Date) _____
Internet/Website _____ Friend/Relative (Who) _____

ALL FEES ARE DUE AND PAYABLE WITH ALL ESTIMATED SERVICES TO BE COMPLETED OR UPON COMPLETION OF SERVICES

Please tell us how you will be paying your bill by checking one of the following:
Cash _____ ATM/Debit _____ Credit Card _____ Check _____ *(all checks are processed immediately through electronic transfer)*

Payment in full is expected when treatment is performed or animal is discharged. In case of emergency hospitalization deposit arrangements must be made with the receptionist. On your request we will provide you with a written estimate of services to be provided.

I hereby declare that the above information is correct to the best of my knowledge. I have read the above statement of policy and agree to all terms.

_____
Signature/Date