

# 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