



## **CLIENT AND PATIENT INFORMATION**

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. We look forward to working with you in maintaining your pet's health.

| — Client Inform  | NEW CLIENT<br>REGISTRATION FORM  |  |  |  |
|--|--|--|--|--|
| Owner Contact Inform   | <b>DESIGN NOTE</b> You can edit <b>ANY</b> elements  |  |  |  |
| Name:  |  | to meet your unique practice requirements.   |  |  |
| Physical Address:  |  | Custom Design Fee - \$129  |  |  |
| Mailing Address:   |  | One Color (Black Ink) Print 500 (2 sided) - \$179                                  |  |  |
| City:  | State:   | Print 1,000 (2 sided) - \$239  |  |  |
| Home Ph:   | Cell Ph:   | FULL Color (CMKY Ink) Print 250 (2 sided) - \$198                                  |  |  |
| Best time to call:   |  | Print 500 (2 sided) - \$379  |  |  |
| Driver's License #   |  | Print 1,000 (2 sided) - \$559 <b>phil winter's</b>                                 |  |  |
| Email Address:   |  | marketing communications   |  |  |
| Employer:  |  | ph. 800-803-8832   |  |  |
| Occupation:  | Bus. Ph:   |  |  |  |
| Notify in case of emergency  | Л  |  |  |  |
| Home Ph:   | Other Ph: _  |  |  |  |
| Please tell us how you learned about us? ☐ Pet Store ☐ Humane Society  |  |  |  |  |
| ☐ Saw your sign ☐ Yellow Pages ☐ Received a mailing ☐ Penny Saver Ad   |  |  |  |  |
| ☐ Flyer/Brochure ☐ New Resid   | lent Program 🗖 Newsp   | aper Ad  |  |  |
| ☐ Referred by a friend — Who may we thank for this referral?   |  |  |  |  |
| Spouse or Co-Owner C   | Contact Informat   | ion  |  |  |
| Name:  |  |  |  |  |
| Home Ph:   | Cell Ph:   |  |  |  |
| Email Address:   |  |  |  |  |
| FINANCIAL POLICY: ANIMA requires payment in full for prodischarged from the hospital. A above animal(s), I certify that I I hereby assume financial responses to the control of the contro | fessional services who<br>As legal owner or resp<br>have read and agree to<br>onsibility for all service | en your pet is<br>onsible agent of the<br>o this financial policy.<br>es rendered. |  |  |
| Signature owner/agent:   |  |  |  |  |

Thank You!

## **Pet Information**

please complete for each pet

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|--|----------------------------|---|--|--|
| Pet's Name:  |                            |   |  |  |
| Pet Species: ☐ Canine ☐ Feline ☐ Bird ☐ Small Mammal         |                            |   |  |  |
| ☐ Reptile ☐ Amphibi  | an 🗖 Other _               |   |  |  |
| Breed:   | Color:                     |   |  |  |
| Sex: ☐ Male ☐ Female   | Age: Bi                    | rthdate:  |  |  |
| Does your pet have an I.D. I                                 | ∕licrochip: □ Y            | es 🗖 No   |  |  |
| Neutered/Spayed: ☐ Yes ☐ No If yes, at what age:             |                            |   |  |  |
| Temperament: □ Outgoing/Social □ Neutral □ Shy □ Aggressive  |                            |   |  |  |
| Did you bring your pet's med                                 | dical records? 🗆           | Yes No  |  |  |
| What vaccines has your pet                                   | received? Date             | e received:   |  |  |
| DOG: 🗖 DHPP 🗖 Rabies 🕻                                       | 🕽 Parvo 🖵 Borde            | etella 🖵 Lepto 🖵 Lyme                                       |  |  |
| CAT: ☐ FVRCP ☐ Rabies  | ☐ Leukemia ☐               | ⊒ FIV   |  |  |
| Last heartworm test date :_                                  | Feca                       | l test date:  |  |  |
| Is your pet on parasite prev                                 | ention? 🖵 Yes              | please specify $\square$ No                                 |  |  |
| Does your pet have allergie                                  | s? 🗖 Yes                   | olease specify 🔲 No   |  |  |
| Has your pet ever had a der                                  | ıtal cleaning? 🗆           | Yes No  |  |  |
| Please list any prior illness                                | or surgery:                |   |  |  |
| <del></del>  |                            |   |  |  |
| Taking any special diets or r                                | nedications.               |   |  |  |
|  |                            |   |  |  |
| //   |                            |   |  |  |
|  |                            |   |  |  |
| ASSESSING YOUR PET'S   |                            |   |  |  |
| How many hours a day does                                    |                            | outdoors?   |  |  |
| Is your pet allowed to run fr<br>in contact with other anima |                            | ☐ Yes ☐ No  |  |  |
| Board, professionally groom                                  |                            | et?   |  |  |
| Take your pet hunting, swim                                  |                            |   |  |  |
| areas with increased expos                                   |                            |   |  |  |
| or access to rivers or stream                                |                            |   |  |  |
| Do you travel with your pet                                  | ?                          | please specify  |  |  |
| TELL US WHAT CONCERNS YOU ABOUT YOUR PET?                    |                            |   |  |  |
| ☐ Bad Breath ☐ Dia   |                            | ☐ House soiling   |  |  |
| ☐ Coughing ☐ Bar<br>☐ Ear Problems ☐ Itcl                    | king<br>ning/scratching    | <ul><li>□ Behavior changes</li><li>□ Sores/wounds</li></ul> |  |  |
| □ Not Fating □ Cla   | wing/digging               | ☐ Separation anxiety  |  |  |
| ☐ Weight gain/loss ☐ Pro                                     | neness<br>blems getting up | ☐ Aggression  |  |  |
| u voiniting  | gotting up                 |   |  |  |
| Other  |                            |   |  |  |
| <ul> <li>Client Servic</li> </ul>                            | es —                       |   |  |  |

Animal Family is pleased to offer a wide range of pet health and client services. Please tell us your areas of interest.

• Wellness Care/Vaccines

• Puppy Classes

| ч      | vveimess care/vaccines |
|--------|------------------------|
|        | Puppy/Kitten Packages  |
| $\Box$ | Surgical Care          |

| Boarding/DayCare |
|------------------|
|------------------|

| Dental Care |  |
|-------------|--|
| Nutrition   |  |

| ш | GLOOHIII | ıy |
|---|----------|----|
|   | Referral | Pr |

| Pet Information please complete for each pet   | Pet Information please complete for each pet  |  |
|--|---|--|
| Pet's Name:  | Pet's Name:   |  |
| Pet Species: ☐ Canine ☐ Feline ☐ Bird ☐ Small Mammal   | Pet Species: ☐ Canine ☐ Feline ☐ Bird ☐ Small Mammal  |  |
| ☐ Reptile ☐ Amphibian ☐ Other  | ☐ Reptile ☐ Amphibian ☐ Other   |  |
| Breed: Color:  | Breed: Color:   |  |
| Sex: ☐ Male ☐ Female Age: Birthdate:   | Sex: ☐ Male ☐ Female Age: Birthdate:  |  |
| Does your pet have an I.D. Microchip: ☐ Yes ☐ No   | Does your pet have an I.D. Microchip:   |  |
| Neutered/Spayed: ☐ Yes ☐ No If yes, at what age:   | Neutered/Spayed: ☐ Yes ☐ No If yes, at what age:  |  |
| Temperament: ☐ Outgoing/Social ☐ Neutral ☐ Shy ☐ Aggressive  | Temperament: ☐ Outgoing/Social ☐ Neutral ☐ Shy ☐ Aggressiv  |  |
| Did you bring your pet's medical records? ☐ Yes ☐ No   | Did you bring your pet's medical records? ☐ Yes ☐ No  |  |
| What vaccines has your pet received? Date received:  DOG: □ DHPP □ Rabies □ Parvo □ Bordetella □ Lepto □ Lyme  | What vaccines has your pet received? Date received:  DOG: □ DHPP □ Rabies □ Parvo □ Bordetella □ Lepto □ Lyme   |  |
| CAT: □ FVRCP □ Rabies □ Leukemia □ FIV   | CAT: □ FVRCP □ Rabies □ Leukemia □ FIV  |  |
| Last heartworm test date : Fecal test date:  | Last heartworm test date : Fecal test date:   |  |
| Is your pet on parasite prevention?  Yes <u>please specify</u> No  | Is your pet on parasite prevention?   Yes   please specify  No  |  |
| Does your pet have allergies? ☐ Yes ☐ No ☐ No ☐ No ☐ No ☐ No ☐ No ☐  | Does your pet have allergies? 🗖 Yes please specify 🗖 No   |  |
| Has your pet ever had a dental cleaning? ☐ Yes ☐ No  | Has your pet ever had a dental cleaning?   Yes   No   |  |
| Please list any prior illness or surgery:  | Please list any prior illness or surgery:   |  |
| Taking any special diets or medications:   | Taking any special diets or medications:  |  |
| ASSESSING YOUR PET'S HEALTH RISK   | ASSESSING YOUR PET'S HEALTH RISK  |  |
| How many hours a day does your pet spend outdoors?   | How many hours a day does your pet spend outdoors?  |  |
| Is your pet allowed to run free or come in contact with other animals?   | Is your pet allowed to run free or come in contact with other animals?  |  |
| Board, professionally groom or show your pet?  | Board, professionally groom or show your pet?   |  |
| Take your pet hunting, swimming, hiking in areas with increased exposure to ticks, wildlife ☐ Yes ☐ No or access to rivers or streams?   | Take your pet hunting, swimming, hiking in areas with increased exposure to ticks, wildlife □ Yes □ No or access to rivers or streams?  |  |
| Do you travel with your pet?   | Do you travel with your pet?  |  |
| TELL US WHAT CONCERNS YOU ABOUT YOUR PET?  | TELL US WHAT CONCERNS YOU ABOUT YOUR PET?   |  |
| □ Bad Breath □ Diarrhea □ House soiling □ Behavior changes □ Behavior changes □ Itching/scratching □ Sores/wounds □ Clawing/digging □ Separation anxiety □ Weight gain/loss □ Problems getting up □ Aggression | □ Bad Breath □ Coughing □ Ear Problems □ Not Eating □ Weight gain/loss □ Vomiting □ Barking □ Barking □ Barking □ Itching/scratching □ Clawing/digging □ Lameness □ Problems getting up □ House soiling □ Behavior changes □ Sores/wounds □ Separation anxiety □ Aggression |  |
| □ Other  | □ Other   |  |









