

Pet Information

please complete for each pet

Pet's Name: _____

Pet Species: Canine Feline Bird Small Mammal
 Reptile Amphibian Other _____

Breed: _____ Color: _____

Sex: Male Female Age: _____ Birthdate: _____

Does your pet have an I.D. Microchip: Yes No

Neutered/Spayed: Yes No If yes, at what age: _____

Temperament: Outgoing/Social Neutral Shy Aggressive

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

CAT: FVRCP Rabies Leukemia FIV

Last heartworm test date : _____ Fecal test date: _____

Is your pet on parasite prevention? Yes *please specify* No

Does your pet have allergies? Yes *please specify* No

Has your pet ever had a dental cleaning? Yes No

Please list any prior illness or surgery: _____

Taking any special diets or medications: _____

ASSESSING YOUR PET'S HEALTH RISK

How many hours a day does your pet spend outdoors? _____

Is your pet allowed to run free or come in contact with other animals? Yes No

Board, professionally groom or show your pet? Yes No

Take your pet hunting, swimming, hiking in areas with increased exposure to ticks, wildlife or access to rivers or streams? Yes No

Do you travel with your pet? Yes *please specify* No

TELL US WHAT CONCERNS YOU ABOUT YOUR PET?

- | | | |
|---|--|---|
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> House soiling |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Barking | <input type="checkbox"/> Behavior changes |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Itching/scratching | <input type="checkbox"/> Sores/wounds |
| <input type="checkbox"/> Not Eating | <input type="checkbox"/> Clawing/digging | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Weight gain/loss | <input type="checkbox"/> Lameness | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Problems getting up | |
| <input type="checkbox"/> Other _____ | | |

Client Services

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

- | | |
|---|---|
| <input type="checkbox"/> Wellness Care/Vaccines | <input type="checkbox"/> Puppy Classes |
| <input type="checkbox"/> Puppy/Kitten Packages | <input type="checkbox"/> Boarding/DayCare |
| <input type="checkbox"/> Surgical Care | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Referral Program |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> _____ |

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 Information

Owner Contact Information

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____

Home Ph: _____ Cell Ph: _____

Best time to call: _____

Driver's License # _____

Email Address: _____

Employer: _____

Occupation: _____ Bus. Ph: _____

Notify in case of emergency : _____

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 Resident Program Newspaper Ad Internet

Referred by a friend – Who may we thank for this referral?

Spouse or Co-Owner Contact Information

Name: _____

Home Ph: _____ Cell Ph: _____

Email Address: _____

FINANCIAL POLICY: ANIMAL FAMILY VETERINARY CARE CENTER

requires payment in full for professional services when your pet is discharged from the hospital. As legal owner or responsible agent of the above animal(s), I certify that I have read and agree to this financial policy. I hereby assume financial responsibility for all services rendered.

Choice of payment: Cash/Check/Debit VISA/MC/Disc CareCredit

Signature owner/agent: _____

Date: _____

Thank You!

NEW CLIENT REGISTRATION FORM

DESIGN NOTE

You can edit **ANY** elements to meet your unique practice requirements.

Custom Design Fee - \$129

One Color (Black Ink)

Print 500 (2 sided) - \$179

Print 1,000 (2 sided) - \$239

FULL Color (CMKY Ink)

Print 250 (2 sided) - \$198

Print 500 (2 sided) - \$379

Print 1,000 (2 sided) - \$559

phil winter's
marketing communications
ph. 800-803-8832

SAMPLE

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