



## 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's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

All Fees are due at the time services are rendered.

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex: Spayed/Neutered			
<b>Your Dog's Vaccination History</b>			
Rabies			
DHLP Parvo Corona			
Bordetella			
Lymes			
Heartworm Test/Prevention			
<b>Your Cat's Vaccination History</b>			
Rabies			
FVRCP-P-Leuk			
FIP			

Our pet(s) is/are \_\_\_ A member of our family \_\_\_ Child's Pet \_\_\_ Backyard Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

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

Is your pet on any special diet or medications? \_\_\_\_\_

Would you like to be present during the treatment of your pet? \_\_\_yes \_\_\_no

SIGNATURE \_\_\_\_\_

Please print this form, fill it out, and bring it to Wharton Vet Clinic with you on your first visit. We know your time is valuable and we are providing this online form to help expedite your vet clinic visit.