

KEWASKUM VETERINARY CLINIC, INC.

NEW PATIENT/CLIENT INFORMATION

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Spouse's Work: _____

Your Birth date: _____ Spouse's Birth Date: _____

Place of Employment: _____ Spouse's Employment: _____

Driver's License #: _____ Spouse's #: _____

Social Security #: _____ Spouse's #: _____

E-mail Address: _____ Do you want your reminders e-mailed: _____

Best time to reach you: _____ Spouse: _____

Name of Bank: _____

Major Credit Card: _____ # _____

Please indicate choice of payment: Cash/Check Visa MasterCard

Professional Fees Are Due At The Time Services Are Rendered

How did you become aware of our clinic? Previous Client _____

Yellow Pages _____ Drove By _____ Other _____

Whom may we thank? _____

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Pet's Name			
Breed			
Date of Birth			
Color			
Sex: M/N F/S			

Our pet(s) is: 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 diets or medications? _____

Would you like to be present during treatment to your pet? Yes No

Your pet's vaccination history is very important to us.

Would you like us to contact your previous Veterinarian to have your records faxed? Yes No