**NEW CLIENT FORM\***

**ALBERT LEA VETERINARY CLINIC**

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 Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

 Home/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best time to Reach You\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

**PLEASE INDICATE CHOICE OF PAYMENT:**

**CASH CHECK VISA MC DISCOVER CARE CREDIT**

**PATIENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PET #1** | **PET #2** | **PET #3** |
| **NAME** |  |  |  |
| **BREED** |  |  |  |
| **DATE OF BIRTH** |  |  |  |
| **COLOR** |  |  |  |
| **SEX: SPAY/NEUTER** |  |  |  |
| **YOUR PET’S PAST VETERINARIAN** |  |  |  |

**Our pet(s) is:** \_\_\_\_\_\_Member of the Family \_\_\_\_\_\_ Child’s Pet \_\_\_\_\_\_\_Backyard Pet

Any previous serious illnesses or surgeries?

Any allergies to vaccination or medications?

Is your pet on any special diets or medications?