

**FRIENDLY ANIMAL CLINIC – GUILFORD COLLEGE
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/Partner _____
 Address _____ City _____ State _____ Zip _____
 If Student, please provide a Permanent Address _____
 Home Phone _____ Cell Phone _____ Emergency Phone _____
 Employer _____ Address _____ Work Phone _____
 Driver's License # _____ Email _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment Cash Visa/MasterCard Discover Care Credit

How did you become aware of our clinic? Drove by Internet Previous Client

Patient Information

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX (SPAYED OR NEUTERED?)			
YOUR DOG'S VACCINATION HISTORY: (Date Given)			
RABIES			
DHLP PARVO CORONA			
BORDETLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY: (Date Given)			
RABIES			
FELINE DISTEMPER (FVRCP)			
FELINE LEUKEMIA TEST			
FELINE LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			

Any previous serious illness or surgeries? _____

What other veterinary clinic has your pet been to for treatment? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Signature _____ Date _____