

**NEW CLIENT FORM**

***Welcome to Beattie Animal Hospital***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse Last Name: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

***PAYMENT IS DUE AT THE TIME OF SERVICES ARE RENDERED***

Methods of payment are; Cash Debit Visa MasterCard, Cheques are not a payment option, since we have Debit

How did you become aware of our hospital?

Drove By                      Yellow Pages                      Referral by client                      Internet

**PATIENT INFORMATION**

Pet # 1    Pet # 2    Pet # 3

Name			
Breed			
Date of Birth			
Color			
Sex, Spay or Neutered			
Weight of pet			
Microchip record number			
<b>Your dog's vaccine history</b>			
Rabies			
Distemper/Parvovirus			
Bordatella/Kennal Cough			
Heartworm Test/Prevention			
<b>Your cat's vaccine history</b>			
Rabies			
Distemper			
Feline Leukemia			
Fecal (stool sample)			

If your pet has been to another Veterinary Clinic, please indicate when and where:

- Any previous serious illness/injury or surgery?
- Any allergies to vaccinations or medications?
- Is your pet on any special diets or medications?
- Do you meal feed your pet or feed free choice?
- Pet Insurance    Yes    No

**THANK YOU FOR CHOOSING BEATTIE ANIMAL HOSPITAL, WE APPRECIATE YOUR BUSINESS**