

## New Client Form

### 1. CLIENT INFORMATION

Your Name \_\_\_\_\_ Spouse \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Number(s) \_\_\_\_\_

Your Employer \_\_\_\_\_ Work Number \_\_\_\_\_

### 2. PATIENT INFORMATION

Pet's Name \_\_\_\_\_ Species: Dog Cat Ferret Other

Breed: \_\_\_\_\_ Color Markings: \_\_\_\_\_

Male Male Neutered

Female Female Spayed DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ or Approx. age \_\_\_\_\_

Date of last vaccination for: DHLPPC (Dog) \_\_\_\_\_ Rabies \_\_\_\_\_

DRCP (Cat) \_\_\_\_\_ Leukemia (Cat) \_\_\_\_\_ Other \_\_\_\_\_

Previous diseases, Injuries, Surgical Procedures, Etc? \_\_\_\_\_

Previous Veterinary Attended: \_\_\_\_\_

What are its current medical problems, if any? \_\_\_\_\_

Does your pet have any KNOWN allergies? \_\_\_\_\_

What kind of help will you be seeking today? \_\_\_\_\_

### 3. Important: Please Read

During your visit, if you need an estimate for treatment, please do not hesitate to ask. One of the staff members will write up an estimate, review it with you & answer any questions you may have. We unfortunately do not offer any payment plans at this time; all procedures, treatments & medications must be paid for at the time of the appointment. We do offer Care Credit, if you need an application or brochure, just ask!

Initials \_\_\_\_\_

Thank you for choosing Richardson Animal Hospital as your veterinarian hospital. We are honored that you chose us to help your furry family member!