

New Client/Pet Form



Pet Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Spouse or Co-Owner _____ Work Phone _____

Emergency Contact _____ Home Phone _____

How did you hear about The Animal Hospital of Dunedin? _____

Referred by (We would like to thank them.) _____

Are there other pets in your household? **YES** **NO**

If yes, please indicate quantity below:

Dogs ____ Cats ____ Birds ____ Reptiles ____ Ferrets ____

Other (Please specify) _____

Dental Care

Do you brush your pet's teeth? **YES** **NO**

Date of last dental cleaning? _____

Pet Information #1

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed **YES** **NO**

Male Neutered **YES** **NO**

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Bordetella _____ Rabies _____

Lepto _____ Other _____

Feline Distemper _____ Rabies _____

Feline Leukemia _____ FIP _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? **YES** **NO**

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES **NO**

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____

Medical Records

Name of hospital where they can be obtained

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET. I ALSO UNDERSTAND THAT THESE CHARGES MUST BE PAID AT THE TIME SERVICES ARE RENDERED AND THAT A DEPOSIT MAY BE REQUIRED FOR HOSPITALIZATION AND SURGICAL PROCEDURES. I UNDERSTAND THAT THE ANIMAL HOSPITAL OF DUNEDIN DOES NOT BILL. ACCEPTABLE METHODS OF PAYMENT ARE CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT. I ALSO UNDERSTAND THAT IF MY ACCOUNT IS NOT PAID IN FULL THAT I WILL BE LIABLE FOR A MONTHLY FINANCE CHARGE OF 1.5% AND ANY FEES THAT MIGHT BE INCURRED FOR THE SERVICES OF AN OUTSIDE COLLECTION AGENCY.

SIGNATURE OF OWNER:

DATE: _____

Pet Information #2

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed YES NO

Male Neutered YES NO

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Bordetella _____ Rabies _____

Lepto _____ Other _____

Feline Distemper _____ Rabies _____

Feline Leukemia _____ FIP _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____**Medical Records**

Name of hospital where they can be obtained _____

Pet Information #3

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed YES NO

Male Neutered YES NO

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Bordetella _____ Rabies _____

Lepto _____ Other _____

Feline Distemper _____ Rabies _____

Feline Leukemia _____ FIP _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____**Medical Records**

Name of hospital where they can be obtained _____