

Meadowbrook Animal Clinic

New Client Form

We are happy that you have chosen us to care for your pet(s).
Please provide the following information, so we may better serve you.

CLIENT INFORMATION:

Name _____ Spouse/Sig Other _____
 Address _____ Apt/Unit# _____
 City _____ State _____ Zip Code _____
 E-mail Address _____
 Primary Phone# _____ Secondary Phone# _____ Best time to be reached? _____
 Place of employment _____ Work # _____
 Driver's License # _____ Social Security # _____
 Previous Veterinarian _____ Okay to contact? _____
 How did you find us? (circle one) Yellow Pages Internet Newspaper Referral
 If a person, website, newspaper, or other please specify. _____

PATIENT INFORMATION:

Our pet is (Circle One) A member of our family Indoor Pet Outdoor Pet
Our pet is (Circle One) Adopted Purchased from Breeder A Gift

	Pet 1	Pet 2
Name		
Breed		
Color		
Birthdate		
Sex (circle)	M Neutered F Spayed	M Neutered F Spayed

Previously vaccinated? _____ Any adverse reactions to vaccines? _____
 Previously heartworm tested? _____ Heartworm/flea/tick prevention used? _____
 Any allergies? _____ Any history of serious illnesses? _____
 Any previous surgeries? _____ When? _____
 Is your pet on any medications? _____ How long? _____
 What type/brand of food does your pet eat? _____
 Do you board your pet, or use day care for your pet? _____ Where? _____

Please indicate your preferred payment type (circle one) Cash Check Credit Card Care Credit

*Payment is expected on the day services are rendered.
 Returned checks will be subject to a \$25 fee.
 Past due accounts are subject to an 18% annual interest rate.*

I have read and agree to all terms stated above.

Signature _____ Date _____