



(512) 282-0221

8106 Brodie Lane, Suite 102
Austin, TX 78745

Date: _____

New Client Information

Client Information

Owners Name:	Spouse/Other:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Office Phone:	Office Phone:
Cell Phone:	Cell Phone:
Driver License #: State:	Driver License #: State:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
In case of emergency, please call:	
How did you hear about our hospital?	
Individual (<i>so we can thank them</i>) _____	
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Hospital Sign <input type="checkbox"/> AAHA Referral	
We consider our pets: <input type="checkbox"/> Part of the family <input type="checkbox"/> Just a pet <input type="checkbox"/> Hunting Companion	
To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.	
Signature:	Date:

Professional fees are due at the time services are rendered.

Animal Medical History

PLEASE COMPLETE ALL INFORMATION FOR EACH PET

	Pet 1	Pet 2	Pet 3
Name			
Species (<i>dog/cat/other</i>)			
Breed			
Color			
Age (<i>years</i>)			
Date of Birth			
Neutered or Spayed?			
Vitamins (type)			
Diet (brand of food)			
Grooming Products			
Hours outside each day			

Vaccinations

DHPP (distemper) dog			
Parvovirus – dog			
FVRCP (<i>infectious diseases</i>) cat			
Rabies – dog and cat			
Feline leukemia test			
Other vaccines			
Heartworm test			
Fecal Exam (<i>worms</i>)			
Dentistry			
Prior Illnesses			
Prior Surgeries			
Pet Origin (<i>humane society, pet shop, kennel, friend, stray, advertisement, non-breeder</i>)			