

Broadway Veterinary Clinic



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse/Co-owner _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Cell Phone _____

Place Of Employment _____ Best Time To Reach You _____

Driver's License # _____ Social Security # _____ E-Mail Address _____

All Professional Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard

How did you become aware of our clinic? Drove by Yellow Pages Previous Client Other _____

Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
INTRA TRAC II			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
LEUKOCELL			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. There will be a service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____