

## Settlers Park Veterinary Hospital New Client Form

Client/Owner Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Home or Cell? \_\_\_\_\_

Cell Phone # 1st: \_\_\_\_\_

Cell Phone # 2nd: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
(For Check Verification)

Employer: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Do you prefer email or US mail for vaccine reminders & clinic newsletters? E-Mail \_\_\_\_\_ US Mail \_\_\_\_\_

E-Mail address for above reminders: \_\_\_\_\_

Who/How did you hear about us? \_\_\_\_\_  
(Whom may we thank?)

### Animal Medical History - Please complete information below for all your pets – Thank You!

Patient Info	Pet #1	Pet #2	Pet #3
Name			
Dog or cat			
Breed			
Color			
Age or Date of Birth (approx)			
Sex	<b>M F</b>	<b>M F</b>	<b>M F</b>
Neutered or Spayed?	<b>Y N</b>	<b>Y N</b>	<b>Y N</b>
Microchip?			
Daily Medications?			
Known Allergies/Conditions?			
<b>Vaccination History - List dates (if known) when the following were given:</b>			
<b>DOGS:</b>			
DHPP (Distemper/Parvo)			
Rabies			
Bordetella (Kennel Cough)			
Heartworm Tested?			
<b>Prior Illness or Surgery?</b>			
<b>CATS:</b>			
FVRCP (Distemper)			
Rabies			
FELV (Leukemia)			
FELV/FIV Tested?			
<b>Prior Illness or Surgery?</b>			
<b>Name of Previous Vet:</b>			

I understand I am financially responsible for any services or products provided. Payment is **DUE IN FULL** at the time services are rendered. A cost estimate will be prepared if requested. We accept Cash, Personal Checks, & most major credit cards. A fee of \$20 will be charged for any returned check.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_