

Bothell Pet Hospital New Client Form

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

CLIENT INFORMATION

Date: _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

E-Mail Address _____ Place of Employment _____

All fees are due at the time services are rendered.

Please indicate choice of payment. Cash / Check Visa / Mastercard / Discover

How did you become aware of our clinic? Drove by Yellow Pages Was a previous client

Personal Recommendation (whom may we thank for your referral) _____

PATIENT INFORMATION

	PET # 1	PET # 2	PET # 3
PET'S NAME			
BREED			
AGE / DATE OF BIRTH			
COLOR / MARKINGS			
SEX; SPAYED OR NEUTERED?			
DOG: VACCINATION HISTORY			
RABIES			
DHPPC			
BORDETELLA			
CAT: VACCINATION HISTORY			
RABIES			
FVRCP			
FELINE LEUKEMIA TEST			
FELINE LEUKEMIA VACCINE			
BIRD: VACCINATION HISTORY			
FERRET: VACCINATION HISTORY			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____