



Lake Olympia
Animal Hospital, Inc.

NEW CLIENT FORM

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Mrs. Work () _____ Mr. Work () _____

Pager # () _____ E-Mail Address _____ TX D.L.# _____

Place of Employment _____ S.S. # (Mr or Mrs) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Signature _____

How did you become aware of our clinic? Drive by Yellow Pages Previous Client

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

PATIENT INFORMATION

	PET #1	PET #2	PET #3
Name			
Species			
Breed			
Date of Birth			
Color			
Sex; Spayed or Neutered			
Vaccination History			
Rabies			
DHLPPC (dog)			
Bordetella (dog)			
Heartworm Test (dog)			
FVRCP (cat)			
Leukemia (cat)			
Leukemia Test (cat)			

Our pet(s) is : Member of our family Child's pet Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? Yes No