

ALPINE ANIMAL HOSPITAL

NEW CLIENT/PET FORM

Thank you for giving Alpine Animal Hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following:

Pet Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Driver's License _____ SSN _____

Place of Employment _____ Work Phone _____

Spouse or Co-Owner _____ Work Phone _____

Emergency Contact _____ Phone _____

How did you hear about us? _____

Referred by (We would like to thank them) _____

1. Pet Information

PET'S NAME _____

Birth Date _____ Microchip number _____

Species _____ Breed _____ Color _____

Female Spayed **Yes No** Male Neutered **Yes No**

Medical Conditions (allergies, drug reactions, heart conditions, etc.)

Behavioral Concerns (chewing, house training, overly aggressive, etc.)

Vaccination History (indicate date {month/year} your pet received the following vaccinations)

Canine Distemper/Parvo _____ Feline Distemper _____

Bordetella _____ Rabies _____ Feline Leukemia _____

Nutrition

Dry Brand _____ Canned Brand _____

Table scraps? **Yes No**

Dental Care

Do you brush your pet's teeth? **Yes No** Date of last dental cleaning _____

Heartworm Preventative

Is your pet currently taking heartworm preventative? **Yes No**

If yes, **Monthly Yearly** Brand _____

Medical records

Name and phone of hospital where they can be obtained.

If you would like to have your credit card information on file to expedite check out, please fill out the following:

Credit Card # _____ Exp. Date _____ Type _____

Name as it appears on the card _____

I UNDERSTAND ALL FEES ARE DUE WHEN SERVICES ARE RENDERED OR UPON RELEASE OF THE PATIENT:

SIGNATURE _____ DATE _____

ADDITIONAL PETS

2. Pet Information

PET'S NAME _____

Birth Date _____ Microchip number _____

Species _____ Breed _____ Color _____

Female Spayed **Yes No** Male Neutered **Yes No**

Medical Conditions (allergies, drug reactions, heart conditions, etc.)

Behavioral Concerns (chewing, house training, overly aggressive, etc.)

Vaccination History (indicate date {month/year} your pet received the following vaccinations)

Canine Distemper/Parvo _____ Feline Distemper _____

Bordetella _____ Rabies _____ Feline Leukemia _____

Nutrition

Dry Brand _____ Canned Brand _____

Table scraps? **Yes No**

Dental Care

Do you brush your pet's teeth? **Yes No** Date of last dental cleaning _____

Heartworm Preventative

Is your pet currently taking heartworm preventative? **Yes No**

If yes, **Monthly Yearly** Brand _____

3. Pet Information

PET'S NAME _____

Birth Date _____ Microchip number _____

Species _____ Breed _____ Color _____

Female Spayed **Yes No** Male Neutered **Yes No**

Medical Conditions (allergies, drug reactions, heart conditions, etc.)

Behavioral Concerns (chewing, house training, overly aggressive, etc.)

Vaccination History (indicate date {month/year} your pet received the following vaccinations)

Canine Distemper/Parvo _____ Feline Distemper _____

Bordetella _____ Rabies _____ Feline Leukemia _____

Nutrition

Dry Brand _____ Canned Brand _____

Table scraps? **Yes No**

Dental Care

Do you brush your pet's teeth? **Yes No** Date of last dental cleaning _____

Heartworm Preventative

Is your pet currently taking heartworm preventative? **Yes No**

If yes, **Monthly Yearly** Brand _____