

Graham 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:

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ County _____

Place of Employment _____ Best Time to Reach You _____

All 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			
Male/Female			
Spayed or Neutered			
Your Dog's Vaccination History			
Rabies			
DHLP Parvo Corona (Virus Vaccination)			
Bordetella			
Fecal (Stool Sample)			
Heartworm Test			
Heartworm Prevention (Yes/No)			
Your Cat's Vaccination History			
Rabies			
Dist-Rhino Chlamydia			
Leukemia Vaccine			
FIV/FELV Test			
Fecal (Stool Sample)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

(Please sign on back of form.)

Graham Veterinary Clinic

309 South Vine

Arthur, JL 61911

I _____ have provide information that is true and correct to the best of my knowledge. I hereby give Graham Veterinary Clinic permission to examine and treat my animal. **Payment is due upon completion of visit.** Graham Veterinary Clinic accepts cash, checks, and credit cards. If legal action is necessary to collect outstanding fees, I agree to be obligated for all collection fees incurred, including but not limited to filing fees, court cost & attorney or agent fees. Any animal left more than 10 days after the completion of services will be considered abandoned and will become property of the Graham Veterinary Clinic. Graham Veterinary Clinic will have sole discretion over what to do with the animal.

Signature

Date