

Pet Care Clinic of Doral

NEW CLIENT FORM

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work _____ Spouse's Phone _____

Place of Employment _____ Best Time to reach You _____

How did you become aware of our clinic? Drove by ___ Google ___ Website ___ Previous Client ___

Personal Recommendation (Whom may we thank) _____

E-mail: _____

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERD			
YOUR DOG'S VACCINATION HISTORY			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
HEARTWORM TEST			
FECAL			
YOUR CAT'S VACCINATION HISTORY			
RABIES			
FVRCP			
LIP			
LEUKEMIA			
FELV/FIV SCREEN			

Any previous illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any medications or special diet? _____

Driver's License# _____ Last 4 of Social _____

PLEASE READ AND SIGN

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED. IN THE EVENT PAYMENT IS DELAYED, PET CARE CLINIC HAS THE RIGHT TO COLLECT AN INTEREST FEE 1.5% PER MONTH ON THEIR UNPAID BALANCE PLUS COLLECTION FEES.

Print Name _____ Sign _____ Date _____