

Delavan Lakes Veterinary Clinic S.C.

Client Number: _____

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). To become better acquainted, please complete and share the following information below.

Client Information

Date ____/____/____

Your Name _____ DOB ____/____/____

Spouse's Name _____ DOB ____/____/____

Physical Address _____ Mailing Address _____

City _____ State ____ Zip Code _____

Home Phone_(____) _____ Cell Phone_(____) _____

Email _____ (We will only use your email address for vaccine reminders, newsletters, and promotions)

Your Employer _____ Employer's Number_(____) _____

Spouse's Employer _____ Employer's Number_(____) _____

Driver's License Number and Exp. Date _____

All fees are due at the time of service OR upon release of animal

Please circle choice of payment below:

Cash Debit Visa MasterCard Discover American Express CareCredit

Please circle how you found out about us below:

Drove By Yellow Pages Newspaper Ad Previous Client Website/Search Engine Social Media

Personal Recommendation (Whom may we thank?) _____

Pet Information #1

Name _____ DOB ____/____/____ Breed _____ Color _____

Male: Neutered _____ Unaltered _____ **OR** Female: Spayed _____ Unaltered _____

Please list any of the following information below about your pet:

Previous illnesses or surgeries _____

Allergies to vaccinations or medications _____

Special diets or medications _____

Vaccination History (provide the date(s) last given below)

Canine:

Rabies: ____/____/____ DHLPP (Distemper): ____/____/____ Bordetella: ____/____/____ Lymes: ____/____/____

Heartworm Test: ____/____/____ Other (____): ____/____/____

Feline:

Rabies: ____/____/____ FVRCP (Distemper): ____/____/____ Leukemia: ____/____/____

FELV-FIV Test: ____/____/____ Other (____): ____/____/____

(Reverse side for additional pet information)

Pet Information #2

Name _____ DOB ____/____/____ Breed _____ Color _____

Male: Neutered _____ Unaltered _____ **OR** Female: Spayed _____ Unaltered _____

Please list any of the following information below about your pet:

Previous illnesses or surgeries _____

Allergies to vaccinations or medications _____

Special diets or medications _____

Vaccination History (provide the date(s) last given below)

Canine:

Rabies: ____/____/____ DHLPP (Distemper): ____/____/____ Bordetella: ____/____/____ Lymes: ____/____/____

Heartworm Test: ____/____/____ Other (____): ____/____/____

Feline:

Rabies: ____/____/____ FVRCP (Distemper): ____/____/____ Leukemia: ____/____/____

FELV-FIV Test: ____/____/____ Other (____): ____/____/____

Pet Information #3

Name _____ DOB ____/____/____ Breed _____ Color _____

Male: Neutered _____ Unaltered _____ **OR** Female: Spayed _____ Unaltered _____

Please list any of the following information below about your pet:

Previous illnesses or surgeries _____

Allergies to vaccinations or medications _____

Special diets or medications _____

Vaccination History (provide the date(s) last given below)

Canine:

Rabies: ____/____/____ DHLPP (Distemper): ____/____/____ Bordetella: ____/____/____ Lymes: ____/____/____

Heartworm Test: ____/____/____ Other (____): ____/____/____

Feline:

Rabies: ____/____/____ FVRCP (Distemper): ____/____/____ Leukemia: ____/____/____

FELV-FIV Test: ____/____/____ Other (____): ____/____/____