

Portsmouth Veterinary Clinic New Client Form

Last Name: _____

First Name: _____

Partner Last Name: _____

Partner First Name: _____

Address: _____

E-Mail: _____

City, State, Zip: _____

Home #: _____

Work #: _____

Partner Work #: _____

Cell #: _____

Partner Cell #: _____

Social Security #: _____

Partner Social Security #: _____

License #: _____

Required for writing checks

Date of Birth: _____

Required for writing checks

Emergency Contact: _____

Preferred method of payment: _____ (Visa, MC, Discover, Am. Ex, Check, Cash)

How did you become aware of our hospital?

Yellow Pages

Hospital Sign

Other

Personal recommendation - whom may we thank?

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Portsmouth Veterinary Clinic, and their support staff, to administer such treatment and/or perform such diagnostics or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services. Further, I realize that this is an estimate and there may be additional fees due to unforeseen changes in the treatment plan. I understand that I will be contacted, if possible, if there are any changes needed.

I authorize the use of photographs of my pet(s) for identification and for any use and publication, without my name, for any lawful purpose, including publicity, illustration, advertising, social media and web content. You may use my pet(s) name if you use any photographs of my pet(s).

Payment is due when services are rendered.

Client Signature: _____

Date: _____

Thank You for giving Portsmouth Veterinary Clinic the opportunity to care for your pet(s)

Pet's Information

Pet's name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex: _____ Neutered Spayed

Vaccination History (dates given)

Canine		Feline	
DA2LPP/DA2PP	_____	FVRCP	_____
Heartworm Test	_____	FeLV	_____
On HW meds last year?	_____	FeLV/FIV Test	_____
Lyme	_____	Rabies	_____
Rabies	_____		
Bordatella	_____		

Has your pet ever bitten anyone? ____

What prior illness, surgery or drug allergies should we know about?

Pet's name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex: _____ Neutered Spayed

Vaccination History (dates given)

Canine		Feline	
DA2LPP/DA2PP	_____	FVRCP	_____
Heartworm Test	_____	FeLV	_____
On HW meds last year?	_____	FeLV/FIV Test	_____
Lyme	_____	Rabies	_____
Rabies	_____		
Bordatella	_____		

Has your pet ever bitten anyone? ____

What prior illness, surgery or drug allergies should we know about?

Pet's name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex: _____ Neutered Spayed

Vaccination History (dates given)

Canine		Feline	
DA2LPP/DA2PP	_____	FVRCP	_____
Heartworm Test	_____	FeLV	_____
On HW meds last year?	_____	FeLV/FIV Test	_____
Lyme	_____	Rabies	_____
Rabies	_____		
Bordatella	_____		

Has your pet ever bitten anyone? ____

What prior illness, surgery or drug allergies should we know about?
