

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 #: _____

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.

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?
