

### New Client Information

Please help us at Parker Veterinary Hospital, PA by taking a few minutes to fill out this form. The front of the form is information about you, the owner and the back of the form is for information about your pet(s). If you have any concerns about some of the questions, please ask we will be happy to provide any assistance needed.

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Spouse/Other Work Ph: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Other Employer: \_\_\_\_\_

**Payment for Professional Services:** If you will be paying for services by check, certain information is required to verify identity. Please fill the information out to the right. ---→

Date of Birth: \_\_\_\_\_

Driver's License No. (Include State)

**Payment id required at the time services Are rendered. We accept cash and MC/VISA/ Discover/Novus as well as approved checks.**

\_\_\_\_\_

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The below information is intended to help us better serve you and your pet. Please fill the form out as completely as possible. Thank You!

#### How did you first hear of our hospital?

Through an individual, someone we can thank? \_\_\_\_\_  
 Yellow Pages                       Hospital Sign                       Other

#### I/We consider my/our pet(s):

A part of the family. Any recommendation to keep my/our pet(s) healthy are appreciated.  
 More of a friend. I/We want to keep my/our pet(s) healthy but may or may not have any interest in recommendations.  
 Just a pet. I/We only want the minimum.

#### I/We consider cost:

Not to be a consideration in treatment.  
 To be a Minor Intermediate Major (please circle) consideration in caring for my/our pet(s)  
 To be extremely important. I/We only wish to do the minimum.

**Pet Information**

1<sup>st</sup> Pet:  
Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: Yes No

When is the last time your pet was seen by a veterinarian? \_\_\_\_\_

Name of clinic your pet was seen at: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_ Which vaccines: \_\_\_\_\_

Is your pet on medication and/or heartworm preventative? Yes No

If yes, what medication/preventative are you using? \_\_\_\_\_

What problem, if any, brings you to Parker Veterinary Hospital, PA today? \_\_\_\_\_

2<sup>nd</sup> Pet:  
Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: Yes No

When is the last time your pet was seen by a veterinarian? \_\_\_\_\_

Name of clinic your pet was seen at: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_ Which vaccines: \_\_\_\_\_

Is your pet on medication and/or heartworm preventative? Yes No

If yes, what medication/preventative are you using? \_\_\_\_\_

What problem, if any, brings you to Parker Veterinary Hospital, PA today? \_\_\_\_\_

3<sup>rd</sup> Pet:  
Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered: Yes No

When is the last time your pet was seen by a veterinarian? \_\_\_\_\_

Name of clinic your pet was seen at: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_ Which vaccines: \_\_\_\_\_

Is your pet on medication and/or heartworm preventative? Yes No

If yes, what medication/preventative are you using? \_\_\_\_\_

What problem, if any, brings you to Parker Veterinary Hospital, PA today? \_\_\_\_\_