



# Erlanger Veterinary Hospital

## **NEW CLIENT INFORMATION**

Date \_\_\_\_\_

CIRCLE ONE: MR. MRS. MISS MS. DR.

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Owner's Employer \_\_\_\_\_ Work Phone :(\_\_\_\_\_) \_\_\_\_\_

If necessary, may we call you at work? YES \_\_\_\_\_ NO \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work Phone :(\_\_\_\_\_) \_\_\_\_\_

If necessary, may we call your spouse at work? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you first become aware of our hospital?

Yellow Pages \_\_\_\_\_ Hospital Sign \_\_\_\_\_ Internet \_\_\_\_\_ Other (please specify) \_\_\_\_\_

PERSONAL RECOMMENDATION? \_\_\_\_\_ Whom may we thank? \_\_\_\_\_

## **PREVIOUS VETERINARY INFORMATION:**

Practice/Veterinarian's Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

## **PET INFORMATION (1):**

Pet Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Neutered? YES \_\_\_\_\_ NO \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Past History: \_\_\_\_\_

Please list any medications your pet is currently taking: \_\_\_\_\_

Does your pet have any known allergies (vaccines, medication, foods)? \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

## **PET INFORMATION (2):**

Pet Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Neutered? YES \_\_\_\_\_ NO \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Past History: \_\_\_\_\_

Please list any medications your pet is currently taking: \_\_\_\_\_

Does your pet have any known allergies (vaccines, medication, foods)? \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**OUR POLICY IS TO RECEIVE PAYMENT AS SERVICES ARE RENDERED. A DEPOSIT WILL BE REQUIRED UPON ADMISSION TO THE HOSPITAL FOR TREATMENT.**