

AllPets Animal Clinic, P.C.
1420 Lake Street
Spirit Lake, IA 51360
712-336-3647 (DOGS)

NEW CLIENT AND PATIENT INFORMATION

Welcome to AllPets Animal Clinic. In effort to deliver exceptional veterinary care, please share the following Information about you and your pet(s) with us. Our goal is to provide our clients with the very best loving, compassionate veterinary service. Thank you for giving us the opportunity to care for your pet!

CLIENT INFORMATION

Last Name _____ First Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

PATIENT INFORMATION

Pet's Name _____ Male _____ Female _____ Surgically Altered/Neutered? _____

Date of Birthday ____/____/____ Age _____ Breed _____ Canine _____ Feline _____

Color _____ Any Known Allergies _____

Reason for bringing pet in _____

DATES OF LAST VACCINATIONS

Dogs Distemper/Parvo _____ Rabies _____ Bordetella _____

Heartworm Test _____ Is your dog on heartworm preventative? _____

Cats Feline Distemper _____ Rabies _____ Feline Leukemia _____

Who was your previous veterinarian/clinic name? _____

It is our policy that payment is expected when services are performed. For your convenience we accept cash, check, MasterCard, Visa and Discover.

How do you plan to pay for services? Visa _____ MC _____ Discover _____ Cash _____

I verify that all the above information provided is accurate.

Signed _____ Date _____