



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 _____

Mailing Address _____ City _____ State _____ Zip _____

Cell _____ Spouse Cell _____ Home Phone _____

Email Address _____

How did you hear about us? _____

PATIENT INFORMATION

Pet's Name _____ Male _____ Female _____ Surgically Altered/Neutered? Yes No

Date of Birth ____/____/____ Age _____ Breed _____ Color _____

Species _____ Allergies _____

Reason for bringing pet in _____

Will you be using us full-time or part-time? Full- Time Part -Time (Summer Clients or Grooming ONLY)

VACCINATIONS

Where pet was last vaccinated? _____

Payment is expected when services are rendered. For your convenience, we are happy to accept cash, check, MasterCard, Visa, Discover, and American Express cards.

How do you plan to pay for services today? Visa _____ MasterCard _____ Discover _____ Check _____ Cash _____ American Express _____

I verify that all the above information provided is accurate.

Signed _____ Date _____