

LOG CABIN ANIMAL HOSPITAL

NEW CLIENT FORM

CID _____

by _____

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can.
If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

PET INFORMATION

Pet's Name: _____ Dog Cat Age/Birth Date: _____ Male FemaleBreed: _____ Color: _____ Neutered/Spayed Yes No At what age? _____Where did you obtain this pet? Friend Breeder Pet Shop Humane Society

At what age was this pet obtained? _____ Years/Months Diet (Kind of Pet Food): _____

Does your pet have a microchip? Yes No

Pet's History (Please check all that your pet has received) Date of Last Vaccination: _____

- | | | |
|-------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Distemper/Parvovirus Vaccine (Dog) | <input type="checkbox"/> Influenza Vaccine (Dog) | <input type="checkbox"/> Heartworm Test (Dog) |
| <input type="checkbox"/> Lyme Vaccine (Dog) | <input type="checkbox"/> FVRCP Respiratory Vaccine (Cat) | <input type="checkbox"/> Feline Leukemia Test (Cat) |
| <input type="checkbox"/> Leptospirosis Vaccine (Dog) | <input type="checkbox"/> Feline Leukemia Vaccine (Cat) | <input type="checkbox"/> Parasite Screen (Fecal) |
| <input type="checkbox"/> Bordetella Vaccine (Dog) | <input type="checkbox"/> Rabies Vaccine (Dog/Cat) | <input type="checkbox"/> Dentistry |

Name of Monthly Heartworm Preventive (Trifexis /Sentinel): _____

Date Last Heartworm Preventive Was Given: _____

 Has your pet had any prior Illness? _____ Has your pet had any prior Surgery? _____

Reason for today's visit: _____

Name of Previous Vet: _____

May we obtain Records? Yes No

CLIENT INFORMATION

Name: _____ Date: _____

Please provide your Driver's License # and Date of Birth if you will be writing a check now or in the future.

Drivers License #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Spouse or Co-Owner: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Occupation: _____

Business Address: _____ Business Phone: _____

PAYMENT

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time of services rendered. In case of extensive medical or surgical procedures a deposit will be required and the remainder of the balance is due at discharge.

How did you learn about our practice? _____

Signature of client responsible for pet(s): _____ Date: _____