

# 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: \_\_\_\_\_