

## BELLEVUE ANIMAL HOSPITAL, P.C. New Client/New Patient Form

Thank you for giving us the opportunity to care for your pet! Please complete this form so that we may serve you better.

### CLIENT INFORMATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Owner's Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Owner's Work Phone: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Referred by:  Internet  Yellow Pages  Personal Recommendation (Whom may we thank?) \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment:  Cash  Check  Visa/MasterCard/Discover/American Express

### PET(S) INFORMATION

	PET #1	PET #2	PET #3
Name			
Cat or Dog & Breed			
Birth date/Age Estimate			
Sex; Spayed or Neutered?			
Color			
Microchip number			

### Dog's Vaccination History (Please provide dates if known)

Rabies			
Distemper Parvo (DHP-P)			
Bordetella/Kennel Cough			
Fecal/Stool Sample			
Heartworm Test			

### Cat's Vaccination History (Please provide dates if known)

Rabies			
Enteritis (Distemper) (FVRCP)			
Fecal/Stool Sample			
Feline Leukemia			
FELV/FIV Test			

Any previous *serious* illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diet or medications? \_\_\_\_\_