



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

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: Website Facebook Personal Recommendation (Whom may we thank?) _____

By completing this form, you as the owner or authorized agent of the owner, certify that you are at least 18 years of age.

PLEASE NOTE THAT ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate method of payment: Cash Check AMEX/Discover/MC/Visa CareCredit

PET(S) INFORMATION

| PET #1 | PET #2 | PET #3 |
|--|--------|--------|
| Name | | |
| Cat <input type="checkbox"/> Dog <input type="checkbox"/> and Breed? | | |
| Birth Date or Age Estimate | | |
| Gender; Spayed or Neutered? | | |
| Color and markings | | |
| Microchip number | | |

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

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

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

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