



# Eau Gallie Veterinary Hospital

## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Is this person authorized to make decisions on your behalf for the welfare of these pets?    Yes    No

### All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment.     Cash / Check     Visa     MasterCard  
 Discover     Care Credit

How did you become aware of our clinic? \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED/NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
LYME			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
FELINE LEUKEMIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) is:     Member of our family     Child's pet     Backyard pet

Any previous serious illness or surgeries? \_\_\_\_\_

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

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