

# Midway Animal 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

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

County \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Please indicate circle of payment.    € Cash / Check    € Visa    • MasterCard    Discover

How did you become aware of our clinic?    € Drove by    € Yellow Pages    € Previous Client    € Other \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
Rabies			
DHPP – Distemper/Parvovirus			
Leptospirosis			
Bordatella (Kennel Cough)			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
Rabies			
FVRCP – Rhino/Calci/Panleukopenia			
Feline Leukemia			
FeLV/FIV Test			
FECAL (STOOL SAMPLE)			

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

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

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

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

Would you like to be present during treatment to your pet?    • Yes    • No