

FOR OFFICE USE ONLY
CLIENT #
Staff Initials

NORMANDY ANIMAL HOSPITAL New Client/New Patient Information Form

CLIENT INFORMATION

Please complete the following information: (Please Print)

First Name: _____ Last Name: _____
Address: _____ City: _____
Home Phone: _____ Cell Phone: _____ State: _____ Zip: _____
Work Phone: _____ E-mail: _____
Employer: _____ Social Security or Driver's License Number: _____
Emergency Phone: _____ Spouse or Significant Other: _____

PATIENT INFORMATION

Pet's Name: _____ Breed: _____ Color: _____
Species: (Please circle) Dog Cat Rabbit Ferret Horse Other (Please specify): _____
Date of Birth or Age _____ Sex: (Please Circle) Spayed Female Female Neutered Male Male
Where did you get your pet? _____ How long have you had him/her? _____
Has your pet been on heartworm preventative? No Yes Has your pet had any prior illnesses or surgeries of which you are aware? _____
Is your pet currently on any special diet or medications? _____
Are you aware of any drug allergies or reactions your pet may have? (Please list) _____

Please provide date of most recent vaccinations (Month/Year):

DOG	CAT	HORSE
Rabies _____	Distemper/Upper Respiratory _____	Flu/Rhino _____
Distemper/Parvo _____	Rabies _____	Encephalomyelitis/Tetanus _____
Bordetella/Kennel Cough _____	Feline Leukemia _____	Rabies _____
Heartworm Test _____	FIP _____	Potomac Horse Fever _____
Stool Parasite Check _____	FIV _____	West Nile _____
Lyme _____	Stool Parasite Check _____	Strangles _____
Microchip _____	Feline Leukemia/FIV Test _____	Coggins Test _____
	Microchip _____	Microchip _____

OTHER SPECIES (Specify vaccination and date): _____

GENERAL INFORMATION

How did you first become aware of our clinic's services? (please check one): Clinic sign/Location
 Big Yellow Pages North County Yellow Pages Other Phone book (please specify) _____
 Internet (please specify search engine) _____ Was a client here before (please specify year) _____
 If you were referred to us by someone, may we have their name so that we may thank them? _____
 Other: _____

STATEMENT OF OWNERSHIP AND CONSENT:

- I am the owner of the above described animal, or have authorization from the owner to consent to its treatment.
- I hereby authorize the performance of professionally accepted diagnostic, therapeutic, anesthetic, and surgical procedures necessary for its treatment whenever the animal is presented for care.
- I accept financial responsibility for these services
- I have read and understand the above statement of ownership and consent.

Payment Choice: Cash Check Mastercard Visa Discover Care Credit Card

Signature: _____ Date: _____