

New Client Information

Fox Hill Veterinary Clinic would like to thank you for the opportunity and privilege to serve you and your pet. Please complete the following information so we can provide the best care for your family.

Owner \_\_\_\_\_ DR./MR./MRS./MS. **Please indicate how you would like to be addressed.**

Co-Owner/Spouse \_\_\_\_\_ DR./MR./MRS/MS.

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Phone Number \_\_\_\_\_ Co-Owner/Spouse Phone Number \_\_\_\_\_

Additional Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Co-Owner/Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Pet's Name \_\_\_\_\_ Canine \_\_\_\_\_ Feline \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spayed Female \_\_\_\_\_ Neutered Male \_\_\_\_\_ Unaltered Female \_\_\_\_\_ Unaltered Male \_\_\_\_\_

Breed \_\_\_\_\_ Color and Markings \_\_\_\_\_

Current Diet \_\_\_\_\_ Current Prescription Medication \_\_\_\_\_

Is your pet on Heartworm Preventative? YES \_\_\_\_\_ NO \_\_\_\_\_  
Is your pet on Flea and Tick Preventative? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any other animals in the household? \_\_\_\_\_

Is your pet microchipped? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your pet have previous Vaccination Records or Medical History? YES \_\_\_\_\_ NO \_\_\_\_\_

Previous Veterinary Clinic \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

In order to prevent the spread of infectious diseases and parasites, we require all animals admitted for hospitalization, grooming or boarding services to be current on all vaccinations and free of internal and/or external parasites. If your animal is not current, they will be vaccinated against and/or treated for such upon arrival.

Payment is due at the time of discharge.

We currently accept cash, checks, MasterCard, Visa, Discover and American Express.

Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_