

Easton Commons Animal Hospital

Client #

New Client Information

Owner Name _____ Co-Owner Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Email Address: _____ Do you have Pet Insurance? _____
(Your pet's health care reminders & Newsletters can be sent to your e-mail address) Referred by: _____

Owner Information:

Co—Owner Information:

Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____
Cell Phone _____ Cell Phone _____
Driver's License Number: _____ Driver's License Number: _____
If children live in the household, please list names and ages _____
Alternate person to contact in case of emergency _____ Phone _____

Patient Information

Patient Name: _____ Date of Birth: _____ Dog ____ Cat ____ Breed _____ Color _____
Has your pet been vaccinated? ____ No ____ Yes - Date _____
Has your pet been neutered? ____ No ____ Yes - Date _____ Male ____ Female ____
Previous
Veterinarian _____
How long have you owned this pet? _____ List number of pets in household: Cats _____ Dogs _____ Other _____
Is your pet on Heartworm Preventative? ____ Yes ____ No Please list type used _____
Is your pet on Flea Preventative? ____ Yes ____ No Please list type used _____
What do you currently feed your pet? _____
Has your pet had any vaccine reactions, drug allergies, medical problems, or behavior problems that we should know about? If so, please specify _____

Microchip #: _____

Payment is due as services are rendered. In some cases a deposit may be required in advance. You may pay by cash, personal check (with proper identification), Visa, Master Card, American Express, or Discover. In order to avoid misunderstanding, we urge that all fees be discussed before services are performed. There will be a \$25.00 service charge on all returned checks.

Signature of Responsible Party

Today's Date

For office use only:

RV Qualifying Dates: 1st Vacc. _____ Qualifying Date: _____ Rewards/Trupanion: _____