



**New Client Form**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Owner's D.O.B: \_\_\_\_\_ \*Required for dispensing controlled substances.

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Spouse Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Records:**

Would you like PVH to request your pet's records from a previous veterinary clinic? Yes  No

If yes, please give us the name of the clinic and phone number if available

**How did you hear about us?**

Yellow Pages  Newspaper  Television  Hospital sign  Radio   
Personal recommendation  (Whom can we thank? \_\_\_\_\_) Other: \_\_\_\_\_

**Pet information**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Species: Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female  Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications?

Yes  No  If yes, what? \_\_\_\_\_

List any medical or behavioral problems to be aware of

**Additional Pets:**

**Pet information**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Species: Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female  Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications?

Yes  No  If yes, what? \_\_\_\_\_

List any major surgeries your pet has had:

\_\_\_\_\_

List any behavior problems we need to be aware of:

**Pet information**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Species: Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female  Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications?

Yes  No  If yes, what? \_\_\_\_\_

List any major surgeries your pet has had:

\_\_\_\_\_

List any behavior problems we need to be aware of:

**Pet information**

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_ Species: Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Male  Female  Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications?

Yes  No  If yes, what? \_\_\_\_\_

List any major surgeries your pet has had:

\_\_\_\_\_

List any behavior problems we need to be aware of: