

# 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:*



**JOHNSTON**  
ANIMAL HOSPITAL, PC

## CLIENT INFORMATION

Date \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**All fees are due at the time services are rendered.**

How did you become aware of our hospital? Drove by Website Radio Yellow Pages Friend Other \_\_\_\_\_

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

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED (girl), NEUTERED (boy)?			
<b>YOUR DOG'S MEDICAL HISTORY:</b>			
BLOODWORK			
DISTEMPER PARVO CORONA			
BORDETELLA			
RABIES			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
<b>YOUR CAT'S MEDICAL HISTORY:</b>			
BLOODWORK/LEUKEMIA TEST			
DISTEMPER-RHINO CHLAMYDIA			
RABIES			
LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			

Our pet(s) is/are: 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? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

Do you give Johnston Animal Hospital, PC permission to use photos of your pet(s) on our website, Facebook page and other social media outlets? Initial One: Yes \_\_\_\_\_ No \_\_\_\_\_