



## New Client Questionnaire

*Welcome and thank you for giving us this opportunity to care for your pet! First, please provide any vaccination records to our receptionist so that we can update your pet's records.*

**Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Pet's name:** \_\_\_\_\_  Dog  Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?: \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

Brief medical history: \_\_\_\_\_

Pet's current medications and dose: \_\_\_\_\_

Does your pet have any allergies or history of vaccine reactions? \_\_\_\_\_

**Second Pet's name:** \_\_\_\_\_  Dog  Cat Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?: \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

Brief medical history: \_\_\_\_\_

Pet's current medications and dose: \_\_\_\_\_

Does your pet have any allergies or history of vaccine reactions? \_\_\_\_\_

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**How did you hear about us?**

- Internet search     Facebook     Newspaper     Flyer     KOA  
 Athletic Event     Drive-by     Referral by other vet     Referral by friend/family

Other: \_\_\_\_\_

**Payment is due at the time services are rendered.** For drop-off appointments, a deposit will be required in order for your pet to receive services. We do not accept checks.

To prevent the spread of infectious diseases and parasites, **hospitalized animals** must be current on all vaccines and free of internal and external parasites.

- I authorize the veterinarian to administer necessary vaccines and parasite control to my pet if my pet must be hospitalized.

In accordance with state law, **all pets must be vaccinated against Rabies.** If you cannot provide proof of vaccination, one will be administered during today's visit at owner's expense unless the attending veterinarian believes the pet is not healthy enough to be vaccinated today.

- I am here for my pet to receive a Rabies vaccine today  
 My pet is up-to-date on the Rabies vaccine, and I have documentation (please give to receptionist)  
 I authorize the veterinarian to administer the Rabies vaccine today

Please sign below indicating that you have read and understand all information presented in this questionnaire, and that all statements made by you are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!