



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:

Name: _____ Spouse's Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Work Phone: _____ Spouse's Phone: _____
 Email: _____ Place of Employment: _____
 Best Time to Reach You: _____

All fees are due at the time services are rendered.

Please indicate choice of payment: Cash/Check Visa/Mastercard
 How did you become aware of our clinic? Drove By Internet Previous Client
 Personal recommendation (whom may we thank?): _____

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Color			
Spayed or Neutered?			
Date of Birth			
Vaccination History - Dog			
Dhlp/Parvo			
Bordetella			
Rabies			
Heartworm test/Prevention?			
Vaccination History - Cat			
FVRCP			
Leukemia test/vaccine			
FIP			
Rabies			

Any previous serious illnesses or surgeries? No Yes: _____
 Any allergies to vaccinations or medications? No Yes: _____
 Is your pet on any special diets or medications? No Yes: _____
 May we use your pet's pictures/ videos for public relations? Yes No

Ahwatukee Commons Veterinary Hospital is unable to provide on-site staffing for patients after office hours. Referral to a 24 hour emergency veterinary hospital can be provided upon request.

Signature: _____ Date: _____

By typing my name in the signature line, I agree that this is to be used as my signature. I am certifying that all information given on this form is correct.