



FLEMINGTON VETERINARY HOSPITAL

NEW CLIENT FORM

Name	Spouse
Mailing address	City, State, Zip
Street Address	City, State, Zip
Home Phone	Work Phone
Spouse Work Phone	Cellular Phone
Place of Employment	Military Unit / Home of Record
Drivers License #	Social Security Number
Best time to Reach You	E-Mail

Patient Info	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Breed				
Date of Birth				
Color				
Male/Female				
Neuter/Spayed				
Dog's Medical				
Rabies				
Dhlpp-c				
Kennel, Cough				
Lyme				
Fecal				
Heartworm Test				
Cat's Medical				
Rabies				
FVRCP				
Feline Leukemia				
FIP				
Fecal				
Feline Leuk Test				

Any Previous serious illness or Surgeries and dates:

Any Allergies to Vaccinations or medicines:

Any Special Diets or Medicines:

Written permission is needed by the owner to allow us to give out information concerning your pet. Ie boarding, other veterinarians, and faxing of records.

Please sign here if you agree: _____

Payment Agreement

Amount or Payment is due upon providing Service. Choose one: Check, Cash, Visa, MasterCard.

There is a \$25 charge for any returned check.

Unpaid accounts will be placed in the hands of a collection agency for collection, the client shall be liable for all costs of collection, including a reasonable attorney's/collection fee.

Client Signature:

Date:
