

EAST LANSING VETERINARY CLINIC

NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet! Please help us to meet your needs more effectively by completing BOTH sides of this information sheet.

Date: _____
Owner's name: _____
Spouse/other: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
Cell#: _____
Driver's license: _____

How did you hear about our clinic (please check one)?

- Location (saw clinic) Yellow pages
 Other (please list) _____
 Friend (Who can we thank for the referral?) _____

Pet Information:

Name: _____
 Dog Cat (Please check one)
Breed: _____
Age: _____ Date of birth: ___/___/___
Description (color, markings): _____
Sex: Male Female Neutered Male Spayed Female
(Please check one)
Diet (kind of pet food): _____

Vaccine history (date of last shots):

Has your pet been to the vet in the past year? Yes No
Name of previous vet clinic: _____
Rabies (dog/cat): ___/___/___ 1 year vaccine 3 yr vaccine
DHLPP (distemper parvo, dog) ___/___/___
Bordetella (kennel cough, dog) ___/___/___
FVRCP (feline distemper, cat) ___/___/___
FELV (feline leukemia, cat) ___/___/___
Other vaccine: _____

OVER

Tests:

Feline Leukemia (cat) ____/____/____ () negative () positive
FIV (cat) ____/____/____ () negative () positive
Heartworm (dog) ____/____/____ () negative () positive
Type of Heartworm prevention: () Sentinel () Interceptor () Heartgard
() Revolution Other: _____
Fecal (dogs, cats) ____/____/____ () Negative () Positive

Medical History:

Allergies: _____
Medical Condition: _____

Medications: _____

Dentistry: _____ Date: ____/____/____
Prior Surgery: _____ Date: ____/____/____
Other: _____

Signature of Owner/Agent: _____

Payment is expected at the time of service. We accept cash, check, Visa and Mastercard.