



## Noah's Ark Pet Hospital – 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 information:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Co-Owner's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse/Co-Owner's Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**All fees are due at the time services are rendered – thank you!**

Please indicate choice of payment.    Cash / Check    Visa    MasterCard    Care Credit

How did you become aware of our clinic? Drove by\_\_ Yellow Pages\_\_ Web Site\_\_ Client\_\_ Other \_\_\_\_\_

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

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHP PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) are:    Indoor Only    Outdoor Only    Equally Indoor/Outdoor    A Child's Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Would you like to be present during the examination of your pet?    Yes    No