



Helping People...Helping Pets...

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:

CLIENT INFORMATION

Name _____ Are you at least 18 years of age? Please Circle: Yes / No
Address _____ City _____ State _____ Zip _____
Primary Phone # _____
Home Phone _____ E-mail Address _____
Employer _____ Work Phone _____
May we contact you at work? Please Circle: Yes / No Cell Phone _____
Driver's License # _____ Issuing State _____ Social Security # _____

In order to write a check to ESAH as a method of payment, we will require your driver's license # and/or social security number.

Email address _____ I authorize East Side Animal Hospital to send emails to this account in regards to my pet's medical needs. _____
Signature and Date

SPOUSE/CO-OWNER INFORMATION *Individuals authorized to make charges/changes on/to account
Please check one of the following: / Spouse / Co-owner

Name _____ Is co-owner at least 18 years of age? Please Circle: Yes / No
Address(if different) _____ City _____ State _____ Zip _____
Home Phone(if different) _____ E-mail Address _____
Employer _____ Work Phone _____
May we contact at work? Please Circle: Yes / No Cell Phone _____
Driver's License # _____ Issuing State _____ Social Security # _____

IN CASE OF EMERGENCY: Name _____

Phone Number _____

REFERRAL INFORMATION *How did you hear about us?

____ Personal/Client Recommendation (Whom may we thank?) _____

____ Veterinarian Referral (Name) _____ Pet Shop Referral (Name) _____

____ AT&T Yellow Pages _____ AT&T Business (White) Pages _____ AT&T On-line Yellow Pages

____ Humane Society/Evansville City Animal Control/Other Rescue Group (Name) _____

____ Hospital Brochure _____ APEC _____ Previous Client _____ Other (specify) _____

____ Emergency _____ AKC Veterinary Network Web Site _____ Hospital Sign/Drove by Hospital/Location

____ Stockwell Inn Menu _____ Good Shepherd Directory _____ Petfinder.com

PATIENT INFORMATION *Tell us about your pet

Pets Name _____ Breed _____ Color _____

Birthdate _____ Approximate Age (if birthdate unknown) _____

Does your pet live inside or outside? Please Circle: *Outside / Inside*

Of which sex is your pet? Please Circle: *Male / Female*

Is your pet spayed/neutered? Please Circle: *Yes / No*

Do you plan on breeding your pet? Please Circle: *Yes / No*

Has your pet ever shown any aggressive tendencies? Please Circle: *Yes / No*

Does your pet have any prior or long term health problems we should know about? (Kidney Disease, Heart Condition, Arthritis, Allergies, Etc.) Please Describe _____

Does your pet have a history of drug or vaccination allergies, to your knowledge? Please Circle: *Yes / No*

If yes, please give details: _____

Is your pet currently on any medications? (Including Heartworm or Flea/Tick Prevention)

Please Circle: *Yes / No*

If yes, please list medications, strength, and dosages if known: _____

FINANCIAL INFORMATION *All Professional Fees Are Due At Time Services Are Rendered

Estimates are gladly given prior to services. Would you like one? Please Circle: *Yes / No*

Please indicate your choice of payment (please circle): Cash Check Visa MasterCard

THANK YOU.

For Office Use Only

Last Name: _____ Client ID#: _____ Today's Date: _____