

Bell Animal & Bird 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:

CLIENT INFORMATION

Date _____

Name _____ Spouse _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Place of Employment _____

Work Phone _____ Cell Phone _____

Best Time To Reach You _____ What Number _____

E-MAIL ADDRESS _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Driver's License# _____ Social Security# _____

Please indicate choice of payment. **Cash/Check** **Visa** **Debit**
Please circle one

American Express **Master Card**

How did you become aware of our clinic? **Drive by** **Yellow Pages/Dex Knows**
Please circle one

Internet/Google **Previous Client** **Other**

1st pet
Name _____

Breed _____

DOB _____

Color _____

Sex _____ **Spay/Neuter** _____

2nd pet
Name _____

Breed _____

DOB _____

Color _____

Sex _____ **Spay/Neuter** _____

Your Dog's Vaccination History:

RABIES _____ **DHLPP** _____

BORDETELLA _____ **HEARTWORM** _____

Your Cat's Vaccination History:

RABIES _____ **Tested For Leukemia?** **Yes/No**

FVRCP _____

FELV _____

1. Any previous serious illness or surgeries? _____

2. Have you travelled or plan on travelling with your pet? _____

3. Any allergies to vaccinations or medications? _____

X _____