



NEW CLIENT FORM

Owner's name: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Species: Feline \_\_\_\_ Canine \_\_\_\_ Other \_\_\_\_\_ Sex: Female \_\_\_\_ Male \_\_\_\_ Spayed/Neutered? Yes \_\_\_\_

No \_\_\_\_

Microchip: \_\_\_\_\_ Rabies tag: \_\_\_\_\_

Last set of vaccines given?  
\_\_\_\_\_

Does your pet suffer from any previous medical condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet taking any medication?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your pet have any previous surgery?  
\_\_\_\_\_



**PRESIDENTIAL VETERINARY CENTER**

---

Does your pet suffer from any allergy?

---

Is your pet on flea & tick prevention? What product?

---

Is your pet on heartworm prevention? What product?

---

Briefly describe your pet's diet:

---

Indoor or outdoor pet?

---

**The veterinarian & his staff have my permission to examine, prescribe for, and/or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that any and all charges will be paid in full at the time when services are rendered. Information regarding client/patient will only be released to the person signing this form. Signed authorization is required for release of veterinary records.**

**OWNER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_