



**ANIMAL CLINIC, LLC**  
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## New Client Form – Small Animal

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**All fees are due at the time services are rendered.**

Please indicate method of payment.     Cash or Check     Visa     MC     Discover

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
FEMALE (SPAYED?)			
MALE (NEUTERED?)			
<b>YOUR DOG'S VACCINATION HISTORY</b>			
Please list the last date for:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (Stool sample)			
HEARTWORM TEST			
<b>YOUR CAT'S VACCINATION HISTORY</b>			
Please list the last date for:			
RABIES			
DISTEMPER-RHINO CHLAMYDIA			
LEUDOCELL			
LEUKEMIA TEST			
FECAL (Stool sample)			

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

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

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

How did you become aware of our clinic?     Drove by     Yellow Pages     Website