



**ANIMAL CLINIC, LLC**  
 232 First Street  
 Fort Lupton, CO 80621  
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 sa@animalclinicllc.com

## New Client Form – Small Animal

**CLIENT INFORMATION** – Please write neatly      Date \_\_\_\_\_

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

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

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

Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_ Work: \_\_\_\_\_

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

By providing an email, you will receive email appointment reminders and can check your pet's vaccine history.

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

Please indicate method of payment:  Cash/Check    Visa    MC    Discover    Care Credit®

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH / AGE			
COLOR			
MALE OR FEMALE?			
SPAYED/NEUTERED? (Yes or No)			
<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			
LEUKEMIA VACCINE			
LEUKEMIA/FIV TEST			
FECAL (Stool sample)			

Do any of your animals have pet insurance? \_\_\_\_\_

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

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

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