



ANIMAL CLINIC, LLC
 232 First Street
 Fort Lupton, CO 80621
 303-857-6671 ext. 2
 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 _____

Phone Number: _____ Spouse Phone Number: _____

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)			
YOUR DOG'S VACCINATION HISTORY			
Please list the last date for:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (Stool sample)			
HEARTWORM TEST			
YOUR CAT'S VACCINATION HISTORY			
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? _____

Name(s) of previous clinics you have taken your animals to? _____