

North Country Animal Health Center, PC
16760 NYS Rt. 3
Watertown, NY 13601
315-785-9505

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

Name _____ Spouse's Name _____
Address _____ City _____ state _____ Zip _____
Phone _____ Work _____ Cell Phone _____ Spouse's Work _____
Place of Employment _____ Driver's License _____
E-Mail Address _____ Microchip ID# _____

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment Cash/Check MC/Visa/Discover Care Credit

How did you become aware of our hospital? Drove By/Sign Yellow Pages

Personal recommendation (Whom may we thank?) _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			

YOUR DOG'S VACCINATION HISTORY:

RABIES			
DISTEMPER/PARVO, COMBO			
BORDETELLA/KENNEL COUGH			
LAST FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			

YOUR CAT'S VACCINATION HISTORY:

RABIES			
FVR-CCP			
LEUKEMIA TEST/VACCINE?			
LAST FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____