

**FRIENDLY ANIMAL CLINIC – GUILFORD COLLEGE  
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/Partner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 If Student, please provide a Permanent Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Please indicate choice of payment       Cash       Visa/MasterCard       Discover       Care Credit

How did you become aware of our clinic?     Drove by       Internet       Previous Client

**Patient Information**

|   | Pet #1 | Pet #2 | Pet #3 |
|---|--------|--------|--------|
| NAME  |        |        |        |
| BREED   |        |        |        |
| DATE OF BIRTH                                       |        |        |        |
| COLOR   |        |        |        |
| SEX (SPAYED OR NEUTERED?)                           |        |        |        |
| <b>YOUR DOG'S VACCINATION HISTORY: (Date Given)</b> |        |        |        |
| RABIES  |        |        |        |
| DHLP PARVO CORONA                                   |        |        |        |
| BORDETLA  |        |        |        |
| FECAL (STOOL SAMPLE)                                |        |        |        |
| HEARTWORM TEST/PREVENTION?                          |        |        |        |
| <b>YOUR CAT'S VACCINATION HISTORY: (Date Given)</b> |        |        |        |
| RABIES  |        |        |        |
| FELINE DISTEMPER (FVRCP)                            |        |        |        |
| FELINE LEUKEMIA TEST                                |        |        |        |
| FELINE LEUKEMIA VACCINE                             |        |        |        |
| FECAL (STOOL SAMPLE)                                |        |        |        |

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

What other veterinary clinic has your pet been to for treatment? \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_