

Animal Clinic Of Edgewater
New Client Form

Please help us to better serve you by completing the following information:

Your Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Drivers License Number: _____
Place of Employment: _____ Phone: _____
Spouse Name: _____
Place of Employment: _____ Phone: _____

PET INFORMATION:

Breed: _____ Dog: _____ Cat: _____
Age: _____ Sex: _____
Spayed? (Female): _____ Neutered? (Male): _____
Name: _____ Color: _____

DATES OF LAST VACCINATIONS:

Rabies: _____ Distemper: _____
Feline Leukemia: _____ Heartworm Check: _____ Neg? _____

Is animal currently on any medication? _____
If yes, please list: _____

All fees are due upon release of patient. Please indicate your choice of payment:

Cash or Check: _____ Visa or MasterCard: _____

Whom may we thank for referring you to this office? _____

I give my informed consent for any anesthetic procedure requested by me to be performed on my animal. I understand there are minimal risks associated with such a procedure but complications can result in a life threatening situation.

Signature

Date