

Animal Hospital of Waterville

NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet!
Please help us to meet your needs more effectively by completing this information sheet.

Owner's name: _____
Spouse/other: _____
Address: _____
City: _____ State: _____ Zip: _____ Home #: _____
Work #: _____ Cell#: _____
Driver's license: _____ State: _____ DOB: _____
Email: _____

How did you hear about our clinic? (please check one)

Location (saw clinic) Yellow pages Other (please list) _____
 Friend (Who can we thank for the referral?) _____

Pet Information:

Name: _____
Sex: Male Female Neutered Male Spayed Female
 Dog Cat Other _____
Breed: _____
Description: _____
Age: _____ Date of birth: _____
Microchip#: _____ Diet: _____

Vaccine history (date of last shots):

Has your pet been to a veterinarian in the past year? Yes No
Name of previous veterinary clinic: _____
Rabies (dog/cat): ____/____/____ 1 year vaccine 3 yr vaccine
DHLPP (distemper parvo, dog) ____/____/____ ____/____/____ ____/____/____
Bordetella (kennel cough, dog) ____/____/____ ____/____/____ ____/____/____
FVRCP (feline distemper, cat) ____/____/____ ____/____/____ ____/____/____
FELV (feline leukemia, cat) ____/____/____ ____/____/____ ____/____/____
Other vaccine: _____

Tests:

Feline Leukemia (cat) ____/____/____ negative positive
FIV (cat) ____/____/____ negative positive
Heartworm (dog) ____/____/____ negative positive
Type of Heartworm preventative: Heartguard Interceptor Revolution
 Sentinel Other: _____
Fecal (dogs, cats) ____/____/____ Negative Positive

Medical History:

Allergies: _____
Medical Condition: _____
Medications: _____
Dentistry: _____ Date: ____/____/____
Prior Surgeries: _____ Date: ____/____/____
Other: _____

Signature of Owner/Agent: _____

*All fees are due at the time services are rendered.
We accept Visa, Mastercard, Discover, Check & Cash
"We will treat your pet as if it were our own"*