

Date: _____

Aliso Niguel Animal Hospital



NEW CLIENT INFORMATION

Client/Primary Caregivers' Name: _____ MI: _____ DOB: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Spouse/Co-Owners' Name(s): _____ Phone: _____

* Emergency Contact: _____ Phone: _____

How did you hear about us? _____

If you were referred by an existing client, who may we thank? _____

Are there additional pets in your household? Y/N Species: _____

PET INFORMATION

Name: _____ Name: _____ Name: _____

DOB: _____ DOB: _____ DOB: _____

Species: _____ Species: _____ Species: _____

Breed: _____ Breed: _____ Breed: _____

Color: _____ Color: _____ Color: _____

Sex: _____ Sex: _____ Sex: _____

Spayed/Neutered? _____ Spayed/Neutered? _____ Spayed/Neutered? _____

Microchipped? Y/N Microchipped? Y/N Microchipped? Y/N

What brand(s) of food do you feed _____ What brand(s) of food do you feed? _____ What brand(s) of food do you feed? _____

Any People Food? Y/N Any People Food? Y/N Any People Food? Y/N

DENTAL CARE

Do you brush your pet's teeth? Y/N When was your pet's last dental cleaning? _____

HEARTWORM PREVENTATIVE

Is your pet currently on Heartworm Preventative? Y/N If so, which brand? _____

FLEA PREVENTATIVE

Is your pet currently on Flea Preventative? Y/N If so, which brand? _____

MEDICAL RECORDS

Name of hospital where previous medical history/vaccine info can be obtained: _____

BE A RESPONSIBLE PET OWNER: Aliso Niguel Animal Hospital stands behind the 3 step program of responsible pet care; Spay or Neuter, Vaccinate, & Microchip your pet. We strongly recommend these 3 steps to keep your pets happy, healthy, and safe.

By signing you agree that: Vaccine & Fecal Exam History may be given to other Veterinary Hospitals, Grooming or Boarding Facilities, at any time they're requested, without further consent. X _____