

White Rock Veterinary Hospital
New Client Form

First Name _____ Last Name _____

Spouse or significant other First and Last Name: _____

Address _____ Apt/Bldg # _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-mail address _____

Driver's License # _____ Social Security # _____

How did you hear about us? _____

Current employer and occupation: _____

White Rock Veterinary Hospital does not share your information with any other establishment or individual. The information requested on this form is required to set up and maintain a file with White Rock Veterinary Hospital.

Please list other authorized people that may inquire about, drop-off, or pick up your pet(s). Please include their relationship to you:

What is the name of the veterinary facility that you have taken your pets to most recently? _____

Will you be transferring records from another veterinary hospital? _____

If so, do you have them with you today? _____

Payments are due at the time services are rendered. WRVH accepts cash, checks, Master Card, Visa, and Discover.

Please contact us if any of your information changes.

Signature

Date

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Pet #1 Information

Name _____ Date of Birth or Age _____ Color _____

Species _____ Breed _____ Sex _____

Is your pet spayed or neutered? _____

Did you adopt this pet from a shelter or rescue group? Yes _____ No _____

If yes, which shelter or group did you adopt from? _____

Please indicate the date your pet last received the following immunizations, testing, or treatments:

DHLPP/CV _____ Rabies _____ Bordatella _____ Lymes _____

FVRCP _____ Feline Leukemia _____ FVRCP/FelV test _____

Heartworm test _____ Fecal exam _____ Blood profile _____

Teeth Cleaning _____

Please list any previous ailments or medical history that we need to be aware of to better serve your pet: _____

Pet #2 Information

Name _____ Date of Birth or Age _____ Color _____

Species _____ Breed _____ Sex _____

Is your pet spayed or neutered? _____

Did you adopt this pet from a shelter or rescue group? Yes _____ No _____

If yes, which shelter or group did you adopt from? _____

Please indicate the date your pet last received the following immunizations, testing, or treatments:

DHLPP/CV _____ Rabies _____ Bordatella _____ Lymes _____

FVRCP _____ Feline Leukemia _____ FVRCP/FelV test _____

Heartworm test _____ Fecal exam _____ Blood profile _____

Teeth Cleaning _____

Please list any previous ailments or medical history that we need to be aware of to better serve your pet: _____

Pet #3 Information

Name _____ Date of Birth or Age _____ Color _____

Species _____ Breed _____ Sex _____

Is your pet spayed or neutered? _____

Did you adopt this pet from a shelter or rescue group? Yes _____ No _____

If yes, which shelter or group did you adopt from? _____

Please indicate the date your pet last received the following immunizations, testing, or treatments:

DHLPP/CV _____ Rabies _____ Bordatella _____ Lymes _____

FVRCP _____ Feline Leukemia _____ FVRCP/FelV test _____

Heartworm test _____ Fecal exam _____ Blood profile _____

Teeth Cleaning _____

Please list any previous ailments or medical history that we need to be aware of to better serve your pet: _____

Pet #4 Information

Name _____ Date of Birth or Age _____ Color _____

Species _____ Breed _____ Sex _____

Is your pet spayed or neutered? _____

Did you adopt this pet from a shelter or rescue group? Yes _____ No _____

If yes, which shelter or group did you adopt from? _____

Please indicate the date your pet last received the following immunizations, testing, or treatments:

DHLPP/CV _____ Rabies _____ Bordatella _____ Lymes _____

FVRCP _____ Feline Leukemia _____ FVRCP/FelV test _____

Heartworm test _____ Fecal exam _____ Blood profile _____

Teeth Cleaning _____

Please list any previous ailments or medical history that we need to be aware of to better serve your pet: _____

