

American Animal Hospital New Client/New Patient Form

Name: _____ Social Security # _____
Spouse's Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone # _____ Cell Phone # _____
Emergency Contact: _____ Phone Number: _____
Employer: _____ Work Number: _____
Spouse's Employer: _____ Work Number: _____
Email Address- _____

Referred by: Yellow Pages Location Humane Society
Internet/Website Pet Store: _____ Veterinarian: _____
Client: _____ Other: _____

Pets Name: _____ Species: Canine Feline Avian Other
Breed: _____ Color: _____ Sex: Male Female
Male Neutered Female Spayed
Date of Birth/Age: _____ Last Vaccination Date: _____
(Rabies) (Distemper)
Any allergies to vaccinations or medications? _____
Any special diets and/or medications? _____

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Do you give us permission to use your pet's photos and videos for social media & educational purposes?

All Fees are due at the time services are rendered
(Cash, Check, Discover, MasterCard, Visa and Care Credit are accepted)

(Signature of Owner) (Date)