

# 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- _____	

<b>Referred by:</b> Yellow Pages <input type="checkbox"/>	Location <input type="checkbox"/>	Humane Society <input type="checkbox"/>
Internet/Website <input type="checkbox"/>	Pet Store: _____	Veterinarian: _____
Client: _____	Other: _____	

Pets Name: _____	Species: Canine <input type="checkbox"/>	Feline <input type="checkbox"/>	Avian <input type="checkbox"/>	Other <input type="checkbox"/>
Breed: _____	Color: _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
		Male Neutered <input type="checkbox"/>	Female Spayed <input type="checkbox"/>	
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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Breed: _____	Color: _____	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
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Any allergies to vaccinations or medications? _____				
Any special diets and/or medications? _____				

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

<b>All Fees are due at the time services are rendered</b> (Cash, Discover, MasterCard, Visa and Care Credit are accepted)	
_____	_____
(Signature of Owner)	(Date)