

Bell County Animal Clinic

P.O. Box 2340

HWY 25-E

Middlesboro, Kentucky 40965

NEW CLIENT FORM

Thank you for giving Bell County Animal Clinic the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

Name _____ Spouse's Name _____ Date _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

Place of Employment _____ Best time to reach you _____

Driver's License # _____

All fees are due at the time service are rendered.

Please indicate choice of payment. Cash/Check Visa/Mastercard

How did you become aware of our clinic? Drove by Yellow Pages Previous Client

Personal Recommendation (whom may we thank?) _____

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
VACCINATION HISTORY-DOG			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
LYME DISEASE VACCINE			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/ PREVENTION?			
VACCINATION HISTORY - CAT			
RABIES			
DIST-RINO CHLAMYDIA (FVRCP)			
LEUKEMIA TEST/LEUKEMIA VACCINE			
INFECTIOUS PERITONITIS VACCINE			
FIV TEST (AIDS TEST)			
FECAL (STOOL SAMPLE)			

Our Pet(s) is: Member of our Family Child's Pet Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____