

# Bellflower Pet Hospital & Hotel

## NEW CLIENT INFORMATION SHEET

Please print clearly.

Date:

### Client Information:

Owner's Name:	DL / Exp:
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Address:
State / City / Zip:

Home Phone:	Work Phone:
Cell Phone:	E-mail:

### Pet Information:

Pet's Name:	Breed:
Age:	Color:
Sex :                    M                    F	Spay/Neuter?:                    Y                    N

### Medical History:

Please check if your pet has received the following within this last year.

Cats	Dogs	Cats & Dogs
FVRCP Vaccine                    Y__ N__	DHLPP (Distemper/Parvo)                    Y__ N__	Blood Test?                    Y__ N__
Feline Leukemia Vaccine                    Y__ N__	Corona Vaccine                    Y__ N__	If yes, date: _____
FIP Vaccine                    Y__ N__	Bordatella (Kennel Cough)                    Y__ N__	Fecal Exam?                    Y__ N__
Rabies                    Y__ N__	Lyme Vaccine                    Y__ N__	If yes, date: _____
	Rabies                    Y__ N__	Dental Exam/Cleaning?                    Y__ N__
	Heartworm Test                    Y__ N__	If yes, date: _____
		Flea Control?                    Y__ N__
		If yes, type: _____
		Heartworm Prevention?                    Y__ N__
Is your pet currently receiving any medications? If yes, what?:		Y                    N
Does your pet have any known drug allergies? If yes, what?:		Y                    N

### Tell us:

How did you become aware of our clinic?				
Sign: _____	Yellow Pages: _____	Here previously: _____	Internet: _____	Friend/relative: _____
If relative, who?:				

### Payment:

**ALL FEES ARE DUE AND PAYABLE WITH ALL ESTIMATED SERVICES TO BE COMPLETED OR UPON COMPLETION OF SERVICES.**

Please tell us how you will be paying your bill by checking one of the following: Cash: _____ ATM/Debit: _____ Credit Card: _____ Check: _____
Payment in full is expected when treatment is performed or animal is discharged. In case of emergency hospitalization, deposit arrangements must be made with the receptionist. On your request, we will provide you with a written estimate of the services we provided.

I, hereby, declare that the above information is correct to the best of my knowledge. I have read the above statement of policy and agree to all terms.

Client Signature: _____	Date: _____
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