

NEW CLIENT/PET INFORMATION

Owner: _____ SS# _____ (last 4 digits) _____ Phone (Home) _____
(Work) _____
(Cell) _____
Spouse/
Partner: _____ SS# _____ (last 4 digits) _____ Phone (Work) _____
(Cell) _____

Local Mailing Address:

_____ Street/Box _____ Town _____ State _____ Zip _____

Permanent Address (if applicable): Visitor Summer Resident

_____ Street/Box _____ Town _____ State _____ Zip _____

How did you hear about our practice? _____

We are in the process of establishing email correspondence to better communicate with our clients. If you would like to participate, please provide your email address.

Email: _____

PET INFO

DOG

CAT

Name: _____

Name: _____

Breed: _____

Long Hair

Short Hair

Other: _____

Sex: _____ Color: _____

Sex: _____ Color: _____

Date of Birth: _____

Date Of Birth: _____

Neutered: Yes No

Neutered: Yes No

VACCINATION HISTORY

Do you have your pet's prior vaccination history with you today? If yes, please give your information to the receptionist to make copies and add to your pet's file. If not, would you like our receptionists to attempt to contact your prior veterinarian to obtain these records? Please provide as much information as possible so we can get a complete history for your pet.

Animal Hospital: _____

Doctor: _____

Phone Number: _____

Date Last Seen: _____

Address: _____

I hereby authorize Dr. Walsh and the staff of Bath Animal Hospital to perform the services I approve and agree to pay any balance due today, or at the discharge of my pet.

***Please Sign: _____

Date: _____