



## Portland Animal Clinic New Client

Owner's First and Last Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of birth/Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Please circle species/sex: Canine/ Feline Sex: M F Spayed/Neutered

Previous veterinarian where past records could be obtained: \_\_\_\_\_

Vaccinations: Please list day, month and year given, if known

Canine

Feline

Rabies: \_\_\_\_\_

FVRCP: \_\_\_\_\_

DHPP: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Leukemia: \_\_\_\_\_

Leptosporosis: \_\_\_\_\_

Microchip number: \_\_\_\_\_

Has your pet been out of state recently? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

Does your cat go outside? \_\_\_\_ Yes \_\_\_\_ No

Name of food \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

Please list any previous illnesses/injuries for your pet:

How did you hear about us? \_\_\_\_\_

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical or critical care treatment. I understand that any unpaid charges will be subject to a finance charge after 30 days.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Driver's License number \_\_\_\_\_