

FOX HILL VETERINARY CLINIC

New Client Information

Thank you for giving Fox Hill Veterinary Clinic the opportunity to care for your pet. Please fill out the following information so that we may better serve you.

Date _____

Owner (Mr./Mrs./Ms./Dr.) _____ Co-owner/Spouse _____

Address _____ City/St _____ Zip _____

Home # _____ E-mail _____ Emergency # _____

Employer _____ Occupation _____ Work # _____

Co-owner/Spouse Employer _____ Occupation _____ Work # _____

How did you hear about us? Yellow Pages _____ Drive By _____ Other _____

Personal Recommendation _____ If so, whom may we thank? _____

Pet Information

Pet's Name _____ Dog _____ Cat _____ Other _____

Breed _____ Male _____ Female _____ Neutered _____ Spayed _____

Color _____ Date of Birth _____ Diet _____

Current Medications _____

Previous Illness/Injury _____

Are there other pets in the household? _____

Vaccinations – Please note month and year, or ? if unknown

Dog Rabies _____
DHPPC _____
Bordetella _____
Heartworm Test _____
Fecal Check _____

Cat Rabies _____
FDRTC _____
Leukemia Test _____
Leukemia Vaccine _____
Fecal Check _____

To prevent the spread of infectious diseases and parasites, all pets admitted for hospitalization, grooming or boarding must be current on all vaccinations and free from internal and external parasites; or be vaccinated against and/or treated for such upon arrival.

**Fees are due upon release of the patient.
We accept cash, checks, MasterCard, Visa and Discover.**

Signature _____ Date _____