



# Airport Road Animal Clinic New Client Information



Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Opt in to TEXT messaging

Spouse/Other Cell Phone : : \_\_\_\_\_ Email: \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **SPECIES: K9 FEL**

BREED: \_\_\_\_\_ SEX: M F Spayed/Neutered: yes no

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

On Flea/Tick Prevention? yes no product name: \_\_\_\_\_

On HW Prevention monthly? yes no product name: \_\_\_\_\_

Prevention purchase from veterinarian or online pharmacy? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any medications (other than flea/HW)? \_\_\_\_\_

Previous Veterinary Provider: \_\_\_\_\_

Date of last visit and reason for visit: \_\_\_\_\_

Is pet currently Up To Date? Please check appropriate box below and list date completed:

**RV** yes no date: \_\_\_\_\_ **DHPP** yes no date: \_\_\_\_\_ **BORD** yes no date: \_\_\_\_\_

**FECAL** yes no date: \_\_\_\_\_ **HW TEST** yes no date: \_\_\_\_\_

Normal Diet: Dry Canned Table food List Brand(s): \_\_\_\_\_

Indoor only Outdoor only Indoor/Outdoor

*If you have additional pets - use the Additional Pet form to list their information*

### All Fees Are Due When Services Are Rendered

Please indicate choice(s) of payment. Cash / Check Visa MasterCard Discover CareCredit

\*Check payment requires valid Florida DL or Florida State ID card of the person signing the check. NO out of state checks accepted.

\*CareCredit requires card member to be present and requires a valid DL plus 2nd ID.

How did you become aware of our clinic? Drive by Yellow Pages Internet Client Other

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

If you have more than ONE pet, please use New Client Additional Pet Form