



# Doddridge Animal Clinic

New Client Form

Welcome! Thank you for giving us the opportunity to care for your pet! To help us become better acquainted, please complete the following:

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

Your Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_ May we Contact you at work? YES NO

EMAIL ADDRESS: \_\_\_\_\_

We have a Referral Program called Pet Pals. If you were referred by one of our clients, they get a \$25 credit on their account. AND you get a \$25 credit towards today's visit!!

Were you referred by one of our clients? If so, who may we thank? \_\_\_\_\_

If not, how did you hear about us? SIGN INTERNET YELLOW PAGES FRIEND STAFF MEMBER LOCAL VET OTHER \_\_\_\_\_

### Please tell us about your pet(s):

DOG CAT OTHER: \_\_\_\_\_ Male / Neutered Female / Spayed

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Is your pet on Heartworm Prevention? Yes / No If so, which brand? \_\_\_\_\_

Is your pet on any other medications? (flea,tick,etc.) \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

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

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