

**New Client Information**



Welcome to the Emmitsburg Veterinary Hospital! We look forward to a healthy relationship with you and your pets. Any time during your pet's care, should a question arise, please don't hesitate to ask! To better serve you, we would appreciate the following information:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouses Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Telephone # of Relative Living Nearest to you:** \_\_\_\_\_

**Workplace:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Spouses Workplace:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**NAME OF FAMILY MEMBER OR FRIEND THAT REFERRED YOU:** \_\_\_\_\_

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**Pet's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Species:** (Dog/Cat/Bird) \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Spayed or Neutered:** \_\_\_\_\_

**Previous Vaccination Dates:**

**Cats:** Rabies \_\_\_\_\_ FVRCP/Distemper \_\_\_\_\_ FELV/Leukemia \_\_\_\_\_  
Leukemia Testing \_\_\_\_\_ Fecal \_\_\_\_\_

**Dogs:** Rabies \_\_\_\_\_ Distemper/Parvo \_\_\_\_\_ Heartworm Check Date \_\_\_\_\_  
Lymes \_\_\_\_\_ Fecal \_\_\_\_\_ Kennel Cough \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. 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 release and that a 50% deposit is required for treatment and/or surgical procedures. A written estimate will be provided.

**Signature of Owner or Responsible Party** \_\_\_\_\_

If you pay by check or credit card, please complete the following:

**Credit card:** MC Visa Disc Amex **Acct. #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

*Thank you for completing this form.*