

New Client Form

Client Name: _____

Spouse Name: _____

Address: _____ Apt #: ____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Which phone number do you prefer to be contacted at? (Cell/Home/Work)

Email Address: _____

Pet's Medical History

Pet's Name	Pet #1	Pet #2	Pet #3
Species (Dog or Cat) **If you have a cat are they indoors or outdoors?**			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex (M/F)			
Altered or Spayed? (Y/N)			
Diet (Name of your pet's food)			
Daily Medications, Vitamins, or Treats			
Flee, Tick, or Heartworm Preventative			
Is your pet microchipped? (Y/N) -If so, please provide the microchip #.			

Vaccinations (Dogs Only) <i>**Please note the dates the following vaccines/tests were given**</i> If you do not own a dog you can leave this table blank and go to the vaccination for cats and medical history section below.	Pet #1	Pet #2	Pet #3
DA2PPL (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Rabies			
Lyme			
Leptospirosis			
Other Vaccines - Please Specify			
Heartworm Test			
Fecal Test (Stool Exam for Worms)			

Vaccinations (Cats Only) <i>**Please note the dates the following vaccines/tests were given**</i> If you do not own a cat you can leave this table blank and go to the medical history section below.	Pet #1	Pet #2	Pet #3
FVRCP (<i>Infectious Diseases</i>)			
FeLV (<i>Feline Leukemia</i>)			
FeLV Test or FIV Test ? (Y/N)			
Other Vaccines - Please Specify			
Fecal Test (<i>Stool Exam for Worms</i>)			

Medical History

Have you been to another animal hospital prior to this visit?	<p>If so, please specify where and attach all medical records prior to your appointment.</p> <p>-Medical records can be emailed to Babyloonanimalhospital@yahoo.com or faxed to (631) 228-3198.</p>
Prior Illness	
Prior Surgeries	

Authorization for Treatment

I, _____ (please print your full name) give permission for Babylon Animal Hospital to care for my pet. I authorize Babylon Animal Hospital to treat and/or make any decisions in regards to my pet in a matter that is best suited to my pet's condition and I will be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf upon the day of service. I further authorize you to give out any information about my pet to _____ (please print that person's full name).

Client Name:

Client Signature:

Date:
