

Affordable Care Animal Hospital
5858 E. Spring St., Long Beach, CA 90808
562-421-8463



NEW CLIENT FORM

*Thank you for giving us the opportunity to care for your pet(s).
 So that we may become better acquainted, please complete the following:*

CLIENT INFORMATION

Date _____

Name _____ Spouse/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Work Phone _____

Place of Employment _____ Best Time to Reach You _____

E-Mail Address _____

All Fees Are Due At the Time Services Are Rendered

How did you become aware of our clinic? Drove by__ Internet__ Client__ Other _____

Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) is: Indoor Only Outdoor Only Equally Indoor/Outdoor A Child's Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during certain treatments performed on your pet **if/when** possible? Yes No

Please note: Your privacy is important to us. All information received in all forms and through other communications is for clinic use only.