



STEVEN D. GILES  
Doctor of Veterinary Medicine

## NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet(s). Please complete the following information so that we may better serve you.

### RESPONSIBLE PARTY INFORMATION:

Name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone \_\_\_\_\_ Spouse's Wk. Ph: \_\_\_\_\_

Which of the following prompted you to bring your animal(s) to Village Animal Hospital?

Former client  Drove by/Sign  SWBYP's  Feist  Referral-Whom may we thank? \_\_\_\_\_

I acknowledge that I am the owner or acting upon direct request of the owner of the pet(s) brought into this facility. Furthermore, I accept all financial responsibility for any and all care rendered while at this facility and understand that payment is due in full at the time that services are rendered.

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_



### PATIENT INFORMATION:

Pet #1:			Pet #2:				
Name: _____	Sex: M	F	Name: _____	Sex: M	F		
<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Other _____	<input type="radio"/> Dog	<input type="radio"/> Cat	<input type="radio"/> Other _____		
Breed: _____	Color: _____		Breed: _____	Color: _____			
Birth date: ____ - ____ - ____	Spayed/Neutered: Y	N	Birth date: ____ - ____ - ____	Spayed/Neutered: Y	N		
Previous illnesses/surgeries: _____			Previous illnesses/surgeries: _____				
Allergies to vaccinations or medication: _____			Allergies to vaccinations or medication: _____				
Name of diet your pet is being fed: _____			Name of diet your pet is being fed: _____				
Any aggressive tendencies? Y			N	Any aggressive tendencies? Y			N
VACCINATION HISTORY – DOG			VACCINATION HISTORY – CAT				
	<u>Pet #1</u>	<u>Pet #2</u>		<u>Pet #1</u>	<u>Pet #2</u>		
Rabies	_____	_____	Rabies	_____	_____		
Fecal check	_____	_____	Fecal check	_____	_____		
DHLP, Parvo, Corona	_____	_____	Distemper, Rhinotracheitis, Calicivirus	_____	_____		
Kennel Cough	_____	_____	Feline Leukemia	_____	_____		
Heartworm check	_____	_____	Feline Infectious Peritonitis (FIP)	_____	_____		
Date given:	_____	_____	Feline Leukemia Test	_____	_____		
Previous veterinary facility: _____			Previous veterinary facility: _____				

At Village Animal Hospital, we provide a full service environment including surgery, medicine, dentistry, grooming and boarding. In conjunction with Veterinary Emergency and Critical Care, we are able to provide 24-hour care for your pet, seven days a week. We are happy to answer any questions you may have and strive to provide quality care and service to our clients. Thank you for allowing us to serve you.

