

Holly Ridge Veterinary Hospital



Client Information Form

| | | |
|------------------------------|------------------|------------|
| Last Name | First Name | M.I. |
| Other Names on the Account | | E-Mail |
| Billing Address | | Apt # |
| City | State | Zip |
| Primary Phone | Secondary Phone | Work Phone |
| Employer | Employer Address | |
| Previous Veterinary Hospital | | |



Patient Information - Please complete for each pet

| | | | |
|--|---------------|--|---------------|
| Pet's Name | | Pet's Name | |
| Pet Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other: | | Pet Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other: | |
| Breed | Color | Breed | Color |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Age/Birthdate | <input type="checkbox"/> Male <input type="checkbox"/> Female | Age/Birthdate |
| Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vaccine History Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Vaccine History Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does your pet have allergies to vaccines or medication? <input type="checkbox"/> Yes | | Does your pet have allergies? <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | | <input type="checkbox"/> No | |
| Please list any prior illness or surgery: | | Please list any prior illness or surgery: | |
| Is your pet on a special diet or any medications? | | Is your pet on a special diet or any medications? | |

Payment is expected at time of service. Please check one of our payment options you will be using today:

VISA
 MasterCard
 Discover
 AmEx
 Cash
 Check
 Care Credit

For Office Use Only:
 Staff Initial: _____
 Date Entered: _____
 Letter Sent