



Beverly Pike Veterinary Clinic

New Client / New Patient Form

Entered:
Date: _____
By: _____

New Client Information *(must be 18 years of age or older)*

Name: _____ Driver's License #: _____
Spouse's Name: _____ Spouse Driver's License #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Spouse's Cell Phone: _____
Occupation: _____ Employer: _____
Spouse's Occupation: _____ Employer: _____
Email: _____ How would you prefer to receive reminders about your pet? Email Mail Both

How did you hear of us?

- | | |
|---|--|
| <input type="checkbox"/> Personal Referral _____ | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Humane Society/Shelter _____ | <input type="checkbox"/> Sign/location |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> Emergency Service |
| <input type="checkbox"/> Veterinarian Referral _____ | <input type="checkbox"/> Website |

Pet Information

Pet's Name: _____ Species: Dog Cat Other _____ Deceased
Breed: _____ Color: _____ Sex: Male Female Altered
Birthdate or Age: _____ Is this pet microchipped? Yes No Unknown

- 1) When is the last time your pet was examined by a veterinarian? _____
Name of Clinic or Veterinarian: _____
- 2) When was your pet's last Rabies vaccination? _____
- 3) Does your pet have any preexisting health problems (such as diabetes, seizures, heart disease etc)?
 No Yes If yes, please list. _____
- 4) Is your pet currently on any medications (including heartworm preventative, flea medications, etc)?
 No Yes If yes, please list. _____
- 5) Does your pet have any known drug allergies?
 No Yes If yes, please list. _____
- 6) Does your pet have any known behavioral concerns?
 No Yes If yes, please list. _____
- 7) Is your pet insured? No Yes If yes, please list company and policy number.

Payment Options

We will gladly prepare a written estimate at your request, please ask our Doctor or receptionist. **All professional fees are due at the time services are rendered.** For your convenience, we take cash, personal checks, Visa, MasterCard, Discover, American Express and Care Credit.

Would you like to apply for Care Credit? Yes No

Client Signature

Date