



Los Osos Pet Hospital

Richard O. Knighton D.V.M.

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 _____

Owner's Name _____ Spouse/Other _____

Children (first name & ages) _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Work Phone (____) _____ Spouse's Work Phone (____) _____

Place Of Employment _____ Best Time To Reach You _____

Driver's License # _____ E-Mail Address _____

All Fees Are Due At The Time Services Are Rendered. (We will gladly prepare a written estimate at your request.)

Please indicate choice of payment. (circle) Cash • Check • Visa • MasterCard • Discover • American Express

How did you hear about us? (circle) Our Website • AAHA referral • Drove by • Yellow Pages • Previous Client • Other _____

Personal Recommendation (Whom may we thank?) _____

PATIENT INFORMATION	PET # 1	PET # 2	PET # 3
NAME			
SPECIES / BREED			
DATE OF BIRTH / AGE (years)			
DESCRIPTION (COLOR, MARKINGS, ETC)			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY: (Please provide dates if you have them)			
RABIES			
DISTEMPER/ADENOVIRUS/PARVIRUS			
BORDETELLA/PARAINFLUENZA			
DEWORMING			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY: (Please provide dates if you have them)			
RABIES			
DISTEMPTER-RHINO CHLAMYDIA			
FELINE LEUKEMIA VACCINE			
FELINE LEUKEMIA/FELINE AIDS TEST			
FECAL (STOOL SAMPLE)			

We consider our pet(s): (circle) Member(s) of our family • Just as pets • Working animal(s)

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

What was the origin of your pet? (circle) Humane Group • Animal Services • Pet Shop • Friend • Private Party • Breeder • Stray