

**Welcome to East Central Veterinary Hospital**  
**Please help us provide the best care for your pet by completing all information on this form.**

**New Client Information**  
*Client ID # (staff only) \_\_\_\_\_*

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ (Home/Cell/Work)

Secondary Phone: \_\_\_\_\_ (Home/Cell/Work)

Email: \_\_\_\_\_ By providing your email, you can schedule appointments, refill medications, and more via PetSites

**Additional Contact (Spouse/Other)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ (Home/Cell/Work) Secondary Phone: \_\_\_\_\_ (Home/Cell/Work)

Authorized to treat pet? Yes \_\_\_\_\_ No \_\_\_\_\_ Initial Here \_\_\_\_\_

In case of EMERGENCY, please notify \_\_\_\_\_ Phone: \_\_\_\_\_

**Please let us know how you heard of our practice!**

\_\_\_\_ AAHA    \_\_\_\_ Yellow Pages    \_\_\_\_ Internet    \_\_\_\_ Sign    \_\_\_\_ Referral    \_\_\_\_ Other

If referral, whom can we thank? \_\_\_\_\_ If other, please describe: \_\_\_\_\_

**Authorizations (Initial Below)**

\_\_\_\_ We may obtain records from a previous practice/owner/rescue

If so, where? \_\_\_\_\_

\_\_\_\_ We may use your pet's picture for social media (Facebook, etc.)

\_\_\_\_ We may send your pet's records/vaccination history to boarding facilities, training facilities, and daycare

**Payment**

Driver's License Number: \_\_\_\_\_ **(Required for identification purposes)**

For your convenience, we accept Mastercard, Visa, Discover, American Express, Cash or Check, as well as CareCredit.

**I am the owner or agent for the owner and understand that all professional fees are due at the time services are rendered and agree to pay all charges incurred. My balance will be due at the time my pet is discharged from ECVH.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Pet Information

### Pet 1.

Name: \_\_\_\_\_ Species(cat, dog, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Color: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you had your pet? \_\_\_\_\_

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? \_\_\_\_\_

Is your pet indoor or outdoor? \_\_\_\_\_ Diet: \_\_\_\_\_

Has your pet had any previous vaccines? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

Is your pet on monthly heartworm/flea/tick medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your pet have a microchip? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior Illness: \_\_\_\_\_ Prior Surgery: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

### Pet 2.

Name: \_\_\_\_\_ Species(cat, dog, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Color: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you had your pet? \_\_\_\_\_

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? \_\_\_\_\_

Is your pet indoor or outdoor? \_\_\_\_\_ Diet: \_\_\_\_\_

Has your pet had any previous vaccines? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

Is your pet on monthly heartworm/flea/tick medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your pet have a microchip? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior Illness: \_\_\_\_\_ Prior Surgery: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

### Pet 3.

Name: \_\_\_\_\_ Species(cat, dog, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Color: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long have you had your pet? \_\_\_\_\_

Where did you obtain your pet (Friend, Breeder, Shelter, etc.)? \_\_\_\_\_

Is your pet indoor or outdoor? \_\_\_\_\_ Diet: \_\_\_\_\_

Has your pet had any previous vaccines? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

Is your pet on monthly heartworm/flea/tick medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your pet have a microchip? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior Illness: \_\_\_\_\_ Prior Surgery: \_\_\_\_\_

Please list current medications: \_\_\_\_\_