

# CORYDON ANIMAL HOSPITAL



WARM HEARTS FOR COLD NOSES



## New Client Information Sheet

We need to collect this information in order to maintain your pet's health records and for accounting purposes. If at any time we need to send samples to outside labs, information concerning you and/or your pet may have to be disclosed.

(Please print clearly)

Name/Mr.  Mrs.  Ms.  Dr.

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

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Extension \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

Secondary Name: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Cat  Dog  Bird  Rabbit  Other \_\_\_\_\_

Male  Female  Spayed  Neutered  Date of birth (mm/dd/yyyy): \_\_\_\_\_

Breed (ex. Siamese, Dalmatian, Budgie, etc.) \_\_\_\_\_

Colour (ex. Black, White, Yellow, Fawn, etc.) \_\_\_\_\_

Microchip / Tattoo \_\_\_\_\_

Does your pet have any pre-existing conditions or health concerns (food allergies, drug reactions, epilepsy, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet currently on any medication(s) or supplement(s)? Yes  No   
Name(s) \_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been seen by another veterinarian? Yes  No   
Name of Veterinarian or Clinic \_\_\_\_\_  
\_\_\_\_\_

Do you have pet insurance? Yes  No

How did you hear about the Corydon Animal Hospital?  
Friend  Yellow Pages  Internet  Newspaper Ad  Other \_\_\_\_\_

**OUR PAYMENT POLICY** – Payment is due at time of appointment. We accept Cash, Debit, MasterCard, Visa, American Express. Application for Medicaid available.

I have read and understood all of the above and authorize this information along with my pet's file to be faxed to another clinic in the future should I ever request it.

Signature \_\_\_\_\_ Date \_\_\_\_\_