

Calvert Veterinary Center

New Client Information and Consent for Treatment 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:

Name: Last _____ First _____		Mr./Mrs./Miss/Dr. (Circle)
Address: _____		Preferred Contact Phone # _____
City _____	State _____	Zip _____ Home _____
E-Mail _____		Cell _____
		Work _____
Spouse _____		Spouse Work/Cell # _____

How did you hear of our hospital? Community Red Book Sign/Drove By Local Vets.com
 (Check One) Internet Other
 Another Client. Who can we thank? _____

All fees are due at time that services are rendered. We **do not** accept **Checks or American Express**
 Please circle preferred method of payment: Cash Debit Visa MasterCard Discover Care Credit

Employer _____ **Previous Veterinarian _____**
 (so we may call for records)

Pet Information

	Pet #1	Pet #2	Pet #3
Name			
Sex			
Birthday			
Spay/Neuter Yes or No			
Age			
Breed			
Color			
Species			
Date of Last			
Rabies			
Distemper			
Feline Leukemia			
Canine Bordetella			
Heartworm Test			
FeLV/FIV Test			

Any known allergies to vaccines or medications? _____
 Any current or previous medical illnesses or conditions? _____
 Is your pet microchipped? _____
 Does your pet currently have pet insurance? _____

I hereby authorize Calvert Veterinary Center to treat the above listed animal(s).

Signature _____ Date _____