



2625 Co. Hwy 10 N.E. • Mounds View • MM 55112 • 763-780-8351

NEW CLIENT INFORMATION

Name _____
 Home/Primary Phone# _____
 Cell Phone# _____
 Work Phone# _____
 Email _____
 Occupation _____
 Employer _____

Spouse/Partner _____
 Cell Phone# _____
 Work Phone# _____
 Occupation _____
 Employer _____

Home Address _____ City _____ Zip _____

Have you been here with other pets before? Yes No

How did you choose our office? Location/Drove by Friend/Relative Yellow Pages Humane Society
 Internet site: _____

Where did you find our phone number? Mpls/St. Paul Yellow Pages Local Directory
 Internet site: _____

If you were referred by someone, who may we thank? _____

PET INFORMATION

Pet's Name _____ Species Dog Cat Other Breed _____

Color _____ Sex: M F Neutered Spayed

Birth Date or Age _____ Cats: Declawed? Yes No Does your cat go outside? Yes No

How long has it been since your pet last saw a veterinarian? _____

Has your animal ever had a bad veterinary experience? _____

Is your animal sensitive to touch in any part of the body? _____

Do you have any other pets in the household? (Please list) _____

Does your pet have any known drug allergies? _____

Date of last vaccinations: Distemper _____ Rabies _____ Feline Leukemia (cats) _____

What brand of pet food do you feed your pet? _____

Has your pet had any significant medical conditions? _____

What is the most important thing for us to know about you or your pet in order to serve you best?

How much information do you want to be given about your pet's health?

- I want to have a full explanation of everything
- I want a brief explanation
- I just want to know if there's anything that I need to do

I, _____, give Mounds View Animal Hospital permission to post pictures of me and/or my pet on their social media sites. (Face Book, Website, Twitter, etc.)

Signature _____ Date _____

PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED

What method of payment do you prefer?

- Cash Check Visa Mastercard Discover American Express