

Carolina Veterinary Specialists *Referral Animal Hospital, P.A.*

ANIMAL EMERGENCY & TRAUMA CENTER

501 Nicholas Rd., Greensboro, NC 27409 Voice: 336-632-0605 Fax: 336-632-0703

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

Name: _____ Soc. Sec. No. _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (home): (____) _____ (work): (____) _____ (other): (____) _____
Occupation: _____ Place of Employment: _____

Patient Information

Name: _____ Date of Birth: _____
Species: Dog Cat Other: _____
Breed: _____ Color: _____
Sex: Please Circle Male Neutered Female Spayed
Vaccination History: please circle one Current Unsure
Referring Veterinarian _____
Referring Veterinary Hospital _____
How did you become aware of our clinic? Veterinarian Friend
 Drove by Yellow Pages

Describe in detail why your pet is being presented: _____

Please circle any symptoms or problems that you have noticed about your pet.

Back problems	Eye problems	Loss of balance	Weakness
Behavior problems	Gagging	Scratching	Other _____
Breathing problems	Lack of Appetite	Sneezing	_____
Diarrhea	Limping	Vomiting	

Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet currently taking a heartworm preventive? _____
Is your pet on any special diets or medications? _____
Have you administered any medications to your pet in an effort to treat its illness? _____
Does your pet display any aggressive tendencies toward strangers? _____

NOTE: PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Do you carry pet insurance? _____

Please indicate method of payment: Cash Check Visa MasterCard
 Discover Amex Care Credit

Prior to the treatment of your pet we will provide you with an itemized estimate. It is the policy of the Carolina Veterinary Specialists and Animal Emergency to require a deposit on all hospitalized patients and those outpatients having extensive diagnostic or treatment procedures. Please do not hesitate to ask any questions.

Signature of owner or owner's agent

Date