

# Carolina Veterinary Specialists

## Animal Emergency & Trauma Center

501 Nicholas Road, 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 we may become better acquainted, please complete the following.

#### CLIENT INFORMATION (Owner)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) (\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

#### PATIENT INFORMATION (Pet) **\*\*PLEASE FILL OUT ALL FIELDS COMPLETELY\*\***

Name: \_\_\_\_\_ Date of Birth or approximate age: \_\_\_\_\_

Species:  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: (Please circle)      Male                  Neutered                  Female                  Spayed

Vaccine History:                  Current                  Unsure

\*Regular Veterinarian: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

How did you hear about our clinic?  Veterinarian  Friend  Internet  Drove by  
 Yellow Pages  Radio  Other \_\_\_\_\_

Describe in detail why your pet is being presented: \_\_\_\_\_

Please circle any symptoms or problems you have noticed:

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 preventative? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Have you administered any medications to your pet in effort to treat his or her illness? \_\_\_\_\_

Does your pet display any aggressive tendencies towards strangers? \_\_\_\_\_

#### **PAYMENT IN FULL IS EXPECTED AT THE TIME SERVICES ARE RENDERED.**

Do you carry pet insurance? \_\_\_\_\_

Method of payment:  Cash  Check  Visa  MC  Discover  Amex  Wells Fargo  Care Credit

Prior to treatment of your pet, we will provide you with an itemized estimate. It is the policy of 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 agent

\_\_\_\_\_  
Date