



**CAROLINA  
VETERINARY  
SPECIALISTS**

**Carolina Veterinary Specialists  
ANIMAL EMERGENCY & TRAUMA CENTER  
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: \_\_\_\_\_  
\*Regular Animal Hospital: \_\_\_\_\_  
How did you hear about our clinic?  Veterinarian  Friend  Internet  Drove by  Yellow Pages  Radio  
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 preventive? \_\_\_\_\_  
Is your pet on any special diets or medications? \_\_\_\_\_  
Have you administered any medications to your pet in effort to treat its 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  Care Credit

Prior to the 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 owner's agent \_\_\_\_\_  
Date