

NEW CLIENT CHECK-IN FORM

Cambridge Animal Hospital



Welcome to Cambridge Animal Hospital. Thank you for entrusting the care of your pet(s) to us. Please fill out the following information to help us get to know you and your family.

CLIENT INFORMATION:

Name (Last, First): _____

Phone Number: (home) _____ (work) _____ (cell) _____

Address: _____ City: _____ State: _____ Zip: _____

How did you hear about us: _____ Email: _____

Spouse: _____ Phone Number: Work _____ Cell _____

Person Financially Responsible (if other than owner): _____

Children (w/ ages): _____

PATIENT INFORMATION:

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: Male/Female Spayed/Neutered: Yes No

Micro chipped: Yes No Age/Birthdate: _____

How long has this pet lived with you: _____ Last Heartworm test: _____

Do you give Monthly Heartworm Pills (if yes, type): _____

Last Vaccines (type and date): _____

Any Medications or Past Medical History: _____

Any Seizures: Yes No

Other Pets in Home (type): _____

Lifestyle of your pet (please circle all that apply and feel free to make additional comments):

DOGS

Indoor/Fenced Yard	Hikes	Swims	Doggie park/Doggie Daycare
Access to rural areas	Contact with wildlife	Hunts	Working Dog
Agility	Goes to groomer	Travels (if so where?) _____	

CATS

Indoor only	Indoor and Outdoor	Outdoor only	Hunts
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Reason for Visit Today: _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.

We accept cash, check, Visa, MasterCard, and Discover. We also offer a credit program called Care Credit (subject to credit approval).

Signature _____ Date _____