

Family Pet Clinic  
New Client/Client Update Information



Barbara J. Dunn, DVM

Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Spouse /Relative /Other: Name & Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street # / Name City State Zip

Street # / Name City State Zip

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Pet's Information** ( ) Dog ( ) Cat ( ) Other

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Birthday/Age \_\_\_\_\_ ( ) Male ( ) Neutered ( ) Female ( ) Spayed

Color \_\_\_\_\_ Microchip # \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Current Medications \_\_\_\_\_

**Vaccination History** (Please Check all that apply and provide dates)

( ) Rabies ( ) Parvo-Distemper( ) Kennel cough ( ) Feline Distemper( ) Feline Leuk.

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Veterinary clinic where vaccines were given \_\_\_\_\_

**Please review our payment policy below:**

1) Upon request we will gladly prepare a written estimate for recommended procedures. \_\_\_\_\_(initial)

2) Fees are due at the time of service; we do not provide any charge accounts. \_\_\_\_\_ (initial)

3) We gladly accept cash, Visa, Mastercard, Discover, American Express and Care Credit.

We do not accept checks. \_\_\_\_\_ (initial)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_