

Family Pet Clinic
New Client/Client Update Information



Barbara J. Dunn, DVM

Name _____

Cell Number _____ Home Number _____

Spouse /Relative /Other: Name & Phone Number _____

Address _____

Street # / Name City State Zip

Mailing Address _____
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** _____