

MILTON VETERINARY HOSPITAL INC.

2 Chrisemily Lane, P.O. Box 187

Milton, Vermont 05468

(802) 893-4000

www.MiltonVetHospital.com

NEW CLIENT FORM

Thank you for giving Milton Veterinary Hospital, Inc. the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____ Spouse _____

Place of Employment _____ Best Time to Reach You _____

Driver's License # _____ Email Address _____

All fees are due at the time services are rendered

Please indicate choice of payment Cash/Check Credit/Debit Card CareCredit

How did you become aware of our clinic? Drove by Previous Client Web Site

Personal Recommendation (whom may we thank?) _____

PATIENT INFORMATION

Pet #1

Pet #2

Pet #3

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
VACCINATION HISTORY - DOG			
RABIES			
DH2PLP			
BORDETELLA			
LYME			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST			
VACCINATION HISTORY - CAT			
RABIES			
FVRCP			
FELINE LEUKEMIA			
FELV/FVRCP TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) is: Member of Our Family Child's Pet Backyard Pet

Any previous series illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____