



**NEW CLIENT FORM**

Welcome to East Cherokee Veterinary Clinic! Thank you for giving us the opportunity to care for your pet(s). We are excited to welcome you to the E.C.V.C family! In order for us to get to know you and your pet(s) better, please complete the following:

**CLIENT INFORMATION**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

In case of EMERGENCY, is there anyone else we can contact if you are unavailable?

Name/Phone/Relation \_\_\_\_\_

How did you become aware of our clinic? \_\_\_\_\_

Personal Recommendation (whom may we thank?) \_\_\_\_\_

**PATIENT INFORMATION**

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Species/Breed \_\_\_\_\_

Sex: Male  (neutered: yes / no) Female  (spayed: yes / no) Color \_\_\_\_\_

Permanent ID# (tattoo/microchip, etc.) \_\_\_\_\_

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

My pet lives: Indoor Only  Mainly Indoor  Indoor/Outdoor  Outdoor Only

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Species/Breed \_\_\_\_\_

Sex: Male  (neutered: yes / no) Female  (spayed: yes / no) Color \_\_\_\_\_

Permanent ID# (tattoo/microchip, etc.) \_\_\_\_\_

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

My pet lives: Indoor Only  Mainly Indoor  Indoor/Outdoor  Outdoor Only

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THESE ANIMALS. I HEREBY ACKNOWLEDGE THAT EAST CHEROKEE VETERINARY CLINIC DOES NOT BILL FOR SERVICES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, PERSONAL CHECKS (WITH DRIVER'S LICENSE) AND MAJOR CREDIT CARDS.

Owner/Responsible Party \_\_\_\_\_