

**MAD RIVER VETERINARY SERVICE**  
**NEW CLIENT INFORMATION**

Name of Owner \_\_\_\_\_ Other interested parties \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Work (Mr.) \_\_\_\_\_ Work (Ms.) \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailings & Promotions Yes/No \_\_\_\_\_

Place of Employment (Mr.) \_\_\_\_\_ (Ms.) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone(h) \_\_\_\_\_ (w) \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Breed				
Date of birth/Age				
Color				
Sex•				
Spayed or neutered ?				
Usual Diet/ Food Fed				
How long have you had your pet				
Obtained/Purchased From				
Flea control				
<b>Medical history</b>				
Rabies Vaccination				
Fecal (Stool sample)				
<b>Dogs</b>				
DHLPP Vaccine: Distemper comb				
Bordatella Vaccine: Kennel cough				
Lyme disease Vaccine				
Heartworm Test				
Heartworm Prevention				
<b>Cats</b>				
Indoor only - yes/no ?				
FVRCP Vaccine: Distemper				
Feline Leukemia Test				
Feline Leukemia Vaccine				
FIP or FIV Vaccine?				

Is/are your pet(s) currently on medication Y\_\_\_ N\_\_\_ \_\_\_\_\_

Suffering form any allergies Y\_\_\_ N\_\_\_ \_\_\_\_\_

**ALL CHARGES PAYABLE WHEN SERVICES ARE RENDERED**

Method of payment: Cash\_\_\_ Check\_\_\_ Credit card\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Would like us to provide medical care/boarding for your animal in the event of an emergency ?

**Sign here:** \_\_\_\_\_