



New Client / Patient Registration

Welcome to Indian Walk Veterinary Center. We are delighted to have the opportunity to care for your family's pets. Please take a moment to fill out this form so that we can set up your pets' records.

Your Name _____ Other Authorized Party _____

Additional Authorized Parties _____

Street Address _____ Town _____ State _____ Zip _____

Phone: Home () _____ Your Work () _____ Spouse's Work () _____

Other Ways to Reach You: Cell: () _____ Email: _____ @ _____

Please circle the number to be used in case of Emergency. _____

How did you first hear about us? Passing By Our Web Site Other Internet Site Other Source

Person We May Thank for Referring You: _____
Clients receive a \$15 credit for referring others.

Payment is required at time of service. We accept most major credit cards, cash, check and Care Credit.

Pet's Name: _____ Type of animal: _____

Birth date: _____ Breed: _____ Color: _____

Male Female Spayed/Neutered? Y N Is cat declawed? Y N

Percentage of time pet spends outdoors: _____ Indoors: _____

Pet's normal diet (as specific as possible): Canned _____ Dry _____

Treats _____ "People Food" _____

Previous Veterinary Care: Name of Veterinarian or Hospital: _____

Address: _____

Phone: _____

Has your pet had any serious health problems or surgeries in the past? _____

Does your pet have any current or chronic health problems? _____

Current medications or supplements you are giving your pet: _____



2nd Pet's Name:

Type of animal:

Birth date:

Breed:

Color:

Male

Female

Spayed/Neutered? Y N

Is cat declawed? Y N

Percentage of time pet spends outdoors:

Indoors:

Pet's normal diet (as specific as possible): Canned

Dry

Treats

"People Food"

Dates of most recent vaccinations:

Canine: DHLPPC

Bordetella

Lyme

Rabies 1yr / 3yr

Other:

Feline: FVRCP

Feline Leuk.

Rabies 1yr / 3yr

Other:

Has your pet had any serious health problems or surgeries in the past?

Does your pet have any current or chronic health problems?

Current medications or supplements you are giving your pet:

3rd Pet's Name:

Type of animal:

Birth date:

Breed:

Color:

Male

Female

Spayed/Neutered? Y N

Is cat declawed? Y N

Percentage of time pet spends outdoors:

Indoors:

Pet's normal diet (as specific as possible): Canned

Dry

Treats

"People Food"

Dates of most recent vaccinations:

Canine: DHLPPC

Bordetella

Lyme

Rabies 1yr / 3yr

Other:

Feline: FVRCP

Feline Leuk.

Rabies 1yr / 3yr

Other:

Has your pet had any serious health problems or surgeries in the past?

Does your pet have any current or chronic health problems?