Hillside Veterinary Clinic
Client Information

Date: _____/ _____/ _____

For office use only: _____
Client ID:

Primary Owner:	**First Name**	**Middle Initial**	**Last Name**
Street Address:			
City:		**St:**	**ZipCode:**
Spouse/Secondary Owner:	**First Name**	**Middle Initial**	**Last Name**
Phone Numbers: Home:			
Primary Owner 's Work phone:		**Primary Owner's Employer:**	
Spouse/Secondary's Work phone:		**Spouse/Secondary's Employer:**	
Other Phone:		**Please circle which one the other phone is:**	**Beeper Cellular other:**
Email Address:		**Do you wish to receive email Reminders? Yes _____ No _____**	
How did you hear of us:	**Yellow Pages Sign**	**Personnel Referral: Who may we thank? :**	

Pet Information

Patient Name:		**Previous veterinarian?**	**Allergies or Medical conditions:**
Circle One: DOG CAT OTHER-specify	**Breed:**	**Sex: circle one Male Female Spayed Female Neutered**	**Color:**
Birth date: / /	**Markings:**	**Weight:**	**Microchip #:**

If DOG:	**Method of Heartworm prevention**	**If CAT:**	**Declawed? Circle all that apply N Y If yes: 2 feet 4 feet**
	Date of last Heartworm Test:		**Date of last FeLV/ FIV Test:**
	Method of Flea prevention::		**Heartworm/ Flea prevention::**
	What Diet Fed:		**What Diet Fed:**
	Date of Most Recent Vaccine for:		**Date of Most Recent Vaccine for:**
	DHLPPC: / /		**FVRCP: / /**
	Bordetella: / /		**Fel. Leukemia: / /**
	Rabies: / /		**Rabies: / /**
	Other: / /		**Other: / /**

PAYMENT DUE AT TIME OF SERVICE

We accept Cash, Personal Checks, American Express®, Visa® & Mastercard®, Travelers Checks, Money Orders, Care Credit and participate in a veterinary insurance program.