



VETERINARY MEDICAL CENTER
OF HARDEEVILLE

New Client Form

Owner's Name: _____

Address: _____

Contact Number: _____ Secondary Number: _____

Email Address: _____

In Case of Emergency Contact: _____

Pet Information

Pet's Name	Species/Breed	Color	Spayed/Neutered (Y/N)	Sex	Age/DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have these pets been previously vaccinated? _____ If yes where can we acquire previous vaccine history?

Has this pet been tested for Heartworm Disease? _____

Has this pet had any previous illness/injuries? _____

Does this pet have any known allergies? _____

Does this pet take any medications/supplements? _____

Are these pets on current flea/heartworm prevention? _____

Is there anything else you would like us to know about this(these) pets? _____

I, the undersigned owner, or owner's agent, consent to the examination and treatment of my pet by the staff of Veterinary Medical Center of Hardeeville. I understand that an estimate of costs of services will be provided upon request and I am encouraged to discuss all fees before services are rendered. I acknowledge that I am financially responsible for all bills incurred and I understand that payment is due when services are rendered.

Owner or Responsible Parter: _____ Date: _____