

WORTH STREET VETERINARY CENTER

77 WORTH STREET, 1ST FLOOR
 NEW YORK, NY 10013
 (212) 257-6900



NEW CLIENT FORM

WELCOME TO THE WORTH STREET VETERINARY CENTER! THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET(S). SO THAT WE MAY BECOME BETTER ACQUAINTED, PLEASE COMPLETE THE FOLLOWING:

CLIENT INFORMATION

DATE _____

NAME _____

IS THERE ANOTHER GUARDIAN (I.E. SPOUSE, PARTNER, RELATIVE, ROOMMATE) WHOSE NAME YOU'D LIKE ON THE CHART?

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

OCCUPATION _____ BEST TIME TO REACH YOU _____

E-MAIL ADDRESS (THIS IS A GREAT WAY FOR DR. DIPOLO TO REACH YOU!) _____

HOW DID YOU BECOME AWARE OF OUR CLINIC? (PLEASE CHECK ONE.)

SIGN/WALK BY ___ WELCOME LETTER ___ INTERNET/WEBSITE ___ POST CARD/FLYER ___
 GROOMER ___ TRAINER ___ PET SITTER ___ ADVERTISEMENT ___ OTHER (PLEASE SPECIFY.) _____
 PERSONAL RECOMMENDATION (WHOM MAY WE THANK?) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S PREVENTIVE CARE HISTORY:			
RABIES			
DHLP PARVO			
BORDETELLA			
INTRA TRAC II			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S PREVENTIVE CARE HISTORY:			
RABIES			
FVRCP			
LEUKEMIA TEST			
LEUKEMIA VACCINATION			
FECAL (STOOL SAMPLE)			

ANY PREVIOUS SERIOUS ILLNESSES OR SURGERIES? _____

ANY ALLERGIES TO VACCINATIONS OR MEDICATIONS? _____

IS YOUR PET ON ANY SPECIAL DIETS OR MEDICATIONS? _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. THE WORTH STREET VETERINARY CENTER ACCEPTS CASH, CHECKS AND CREDIT CARDS FOR YOUR CONVENIENCE. AT THIS TIME, WE DO NOT OFFER DEFERRED PAYMENT PLANS OR BARTERING. IN KEEPING MY APPOINTMENT WITH WORTH STREET VETERINARY CENTER, I AGREE TO AND ACKNOWLEDGE THE ABOVE STATEMENT(S).

SIGNATURE: _____ DATE: _____