



KLO VETERINARY CLINIC

New Client Information

Thank you for giving Dr. Eduard Partini the opportunity to care for your pet(s). Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ Postal Code: _____ Home Phone #: _____

Work Phone #: _____ Other Phone #: _____

Email Address: _____

Professional fees are due at time services are rendered.

Preferred Method of Payment: () Cash () Debit () MasterCard () Visa

UNFORTUNATLEY, WE DO NOT ACCEPT PERSONAL CHECKS OR AMEX

How did you hear about our hospital? _____

Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Canine, Feline, Avian etc.)			
Breed			
Color and Markings			
Age or Date of Birth			
Sex	M or F	M or F	M or F
Neutered or Spayed?	Y or N	Y or N	Y or N
VACCINATIONS	Please note the dates the following vaccines were given		
DOGS: DA2PP, Bordetella, Rabies			
CATS: FVRCP, Leukemia, Rabies			
Medical History - Prior Illness/Surgery:			
<i>Thank You!</i>			

Signature _____ Date _____