



CSC: _____

New Client Form

Date: _____

Please check all that apply: Veterinary Boarding Grooming

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

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____

Place of Employment: _____

Phone: _____

Best Time to Reach You: _____

Driver's License #: _____ State: _____

Email Address: _____

Veterinary & Grooming:

All Fees are due at the time services are rendered. Boarding Fees are due at pick-up.

How did you hear about us (circle one)? Google Search Facebook Our Website

Friend/Co-Worker (list below if client here) LHS Family/Used to Come Here Other Online

Other reason or person referring: _____

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			

REQUIRED VACCINATIONS:

CANINE: RV, DHPP, Lepto, Bord (6 mo.), Fecal, HW **FELINE:** FVRCCP, RV, FELV, Fecal

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations, foods or medications? _____

Is your pet on any special diets or medications? _____