

Welcome to Mansfield Animal Hospital
New Client Information Sheet

Owners Name _____ Spouse/Other _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Due to Kentucky identification laws we need a copy of your driver's license on file if you plan on paying with any form other than cash. If we do not have it you will not be allowed to use any other payment method until we have received this information.

Employers name & Address _____

Spouse/Other Employer _____

Pet Information

Pet Name _____ Age/Date of Birth _____

Breed _____ Sex _____ Spayed/neutered _____ Color _____

Has your pet had any vaccinations in the last 12 months? Yes _____ No _____

Vaccinations	Dog	Cat
	When/Where	When/Where
Distemper	_____/_____	Felv _____/_____
Parvo Virus	_____/_____	FIP _____/_____
Kennel Cough	_____/_____	Fiv _____/_____
Lyme Disease	_____/_____	Distemper _____/_____
Rabies	_____/_____	Rabies _____/_____

Is your dog on Heartworm prevention? Yes _____ No _____

Is your dog/cat on flea control? Yes _____ No _____

Is your dog/cat indoors, outdoors or both? _____

Previous Vet where your past records could be obtained if necessary

Name/Address _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/Isolation treatment. Charges for the collection of delinquent accounts, including collection agency charges, court cost and or reasonable attorney's fees will be added to the total balance. Accounts over 30 days will occur finance charges monthly.

Date _____ Signature _____