

METZLER VETERINARY HOSPITAL

New Client Admission Form

Thank you for considering our hospital as your pet's provider of veterinary services. We are dedicated to maintaining the health of your pet and look forward to many future years together.

Please complete this form as fully possible prior to your first appointment which will help expedite the registration process and give us valuable insight in providing optimal care for your pet(s). The required sections have an asterisk(*).

Owner's Information

*Owner's Name : _____

Co-Owner's Name: _____ Number: ____ - ____ - _____

*Address: _____ City: _____ State: ____ ZIP: _____

*Cell Phone Number: ____ - ____ - ____ Home Phone Number: ____ - ____ - _____

*E-mail: _____

How did you find out about our practice?

Clinic Location Internet search/ Website Word of Mouth

Other: _____

If personal referral, is there someone we can thank for this referral?

Please use this space to give us any other relevant information about yourself or your family: _____

Pet Information

*Pet's Name: _____ *Species: _____

Breed (if known): _____ Color: _____

Date of Birth/ Age (if known) : _____

Special Identification (tattoo, microchip, etc): _____

Sex: Neutered Male Intact Male Spayed Female Intact Female

Previous Veterinary Practice: _____

Date of Last Vaccines: _____

What vaccines were given: _____

Is your pet on any medication or supplement? Yes No

If yes, please list medication or supplement : _____

What food does your pet eat? _____

Does your pet have allergies or drug reactions? Yes No

If yes, please list the allergies and reactions: _____

Are there any current or past medical conditions of which we should be aware?

Yes No If yes, please indicate: _____

Please use the following space to give us any other relevant information about your pet:

