



New Client/Patient Form

Phone: (315) 253-0240 Fax: (315) 253-3576
85 Grant Avenue, Auburn, NY 13021

Office use only

Date: ____/____/____

Name: _____ Driver's License #: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone: (H) (____) _____ (W) (____) _____ Cell (____) _____

Alternate contact: _____ Relationship: _____ Phone: (____) _____

E-mail: _____

Employer's Name: _____ Address: _____

Pet's Name: _____ Date of Birth/Age: _____

Feline: ____ Canine: ____ Other: _____ Breed: _____ Color: _____

Sex: Male Female Neutered (male) Spayed (female)

Does your pet have a tattoo ID or a microchip? Yes No What is the number? _____

Reason for today's visit? _____

Is there any past medical history we should be aware of? _____

Vaccination History:

Rabies ____/____/____ Was this the first time vaccinated for rabies? Yes No

Distemper ____/____/____ Was this the first time vaccinated for distemper? Yes No

Feline Leukemia ____/____/____ Was this the first time vaccinated for FeLV? Yes No

Testing History:

Heartworm tested ____/____/____ Is your dog on preventative? Yes No

Feline Leukemia tested ____/____/____ Is your cat FeLV vaccinated? Yes No

FIV tested ____/____/____ Is your cat vaccinated? Yes No

(feline immunodeficiency virus)

How did you hear about **Brookside Veterinary Clinic**? _____

What method payment will you be using today? _____