



Animal Health Clinic of Funkstown NEW CLIENT FORM

(Please Print Clearly)



Animal Health Clinic is a complete health and wellness facility devoted to the highest standards of practice aimed at raising and maintaining your animal companion's quality of life. Animal Health Clinic is accredited by the American Animal Hospital Association (AAHA), assuring you that we provide only the highest quality medical and surgical care to the animals entrusted to us. We will be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you for trusting your best friend(s) to us.

In order to open an account with us you must be 18 years of age and provide us with at least one form of identification. Your information will be kept confidential. The social security number **MUST** be that of the primary owner.

For office use only- Today's date: _____ AHC Representative: _____ Client ID: _____

OWNER INFORMATION

Owner: _____ Mr. Mrs. Miss Ms. SS# _____

Street address: _____ P.O. Box: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Employer's Name _____ Work Phone _____

Employer's address
(incl. City, State & Zip) _____

Co-Owner/Spouse Name: _____ Social Security Number _____

Co-Owner/Spouse Phone: _____ Co-Owner/Spouse Cell Phone: _____

Spouse's Employer's Name _____ Work Phone _____

Employer's address
(incl. City, State & Zip) _____

Emergency contact name: _____ Phone number: _____

Are you eligible for a senior citizen discount? (65 years or older) Yes No

Are you eligible for a military discount? (active or retired military with ID) Yes No

E-mail address _____@_____.

Providing us with your e-mail address will allow you FREE online access to your own PET PORTAL as well as occasional information on events and special offers. Having a Pet Portal will allow you to access your account and your pet's records with us. We will not sell your e-mail address to anyone and will only be used by our office.

HOW DID YOU HEAR ABOUT US

- Yellow pages
- Internet
- Sign
- Mailing or postcard
- Our Website
- Goodie Bag
- AAHA
- Church Bulletin
- Radio
- TV
- Referral - Individual we may thank? _____

Please continue on the back

PET'S INFORMATION

Please give any previous records to the receptionist so we may copy them for our records.

Pet's Name: _____ **Age/Birthdate:** _____

Dog Cat Other _____ **Breed:** _____
 Male Neutered Female Spayed

Color(s): _____ **Distinguishing Markings:** _____

Has your pet had any of the following: Allergies Heartworm disease Lyme Disease Kidney issues
 Liver issues Glaucoma Fleas or ticks Heart disease Feline Leukemia FIV Parvo disease
 Other _____

Current Medications: Interceptor or Heartgard Frontline Plus Advantage (Multi, Advantix, Advantage II)
 Rimadyl PPA OTC vitamins Joint supplements OTC pain medication
 Other _____

Is your pet current on their rabies? YES NO **Expiration Date:** _____

Is your pet microchipped? YES NO **Microchip Number (if known):** _____

Pet Insurance Company _____ **Policy Number** _____

AUTHORIZATION

I hereby authorize Animal Health Clinic to examine, prescribe for and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be due at the time of release and that a deposit may be required for surgical treatment or hospitalization. *We will gladly prepare a written estimate for your pet's care at any time. Just ask one of our staff members.*

Method of payment: cash    check 

Signature of responsible party _____