

# Wilson Veterinary Hospital, PA

4741 Lake Wilson Road

Elm City, NC 27822

252-291-5270

## NEW CLIENT FORM

Thank you for giving Wilson Veterinary Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

### **Client Information**

Email Address \_\_\_\_\_  
You will only receive emails regarding your pet's health

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Phone \_\_\_\_\_

Employer \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone number and name of friend or relative in case of emergency \_\_\_\_\_

**All fees are due at the time services are rendered. We accept cash, check, debit, Visa, MasterCard, Discover and CareCredit**

How did you become aware of our clinic?  Friend/Relative  Drove by  Internet  
 Previous Client  Other

Personal Recommendation (whom may we thank?) \_\_\_\_\_

### **Patient Information**

#### **Pet #1**

Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_ Breed \_\_\_\_\_

Sex  M  F Spayed/Neutered:  Yes  No Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Previous serious illness or surgeries?** \_\_\_\_\_

**Allergies to vaccinations/medications?** \_\_\_\_\_

**Is your pet on any special diets or medications?** \_\_\_\_\_

#### **Pet #2**

Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_ Breed \_\_\_\_\_

Sex  M  F Spayed/Neutered:  Yes  No Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Previous serious illness or surgeries?** \_\_\_\_\_

**Allergies to vaccinations/medications?** \_\_\_\_\_

**Is your pet on any special diets or medications?** \_\_\_\_\_