



STEVEN D. GILES
Doctor of Veterinary Medicine

NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet(s). Please complete the following information so that we may better serve you.

RESPONSIBLE PARTY INFORMATION:

Name: _____ Spouse's name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ SSN#: _____

Place of Employment: _____ Wk. Phone _____ Spouse's Mobile. Ph: _____

Which of the following prompted you to bring your animal(s) to Village Animal Hospital?

Former client Drove by/Sign Web Search Social Media Referral – who to thank? _____

I acknowledge that I am the owner or acting upon direct request of the owner of the pet(s) brought into this facility. Furthermore, I accept all financial responsibility for any and all care rendered while at this facility and understand that payment is due in full at the time that services are rendered.

Signature (required) _____ Date: _____



PATIENT INFORMATION:

Pet #1:	Pet #2:
Name: _____ Sex: M F	Name: _____ Sex: M F
<input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other _____	<input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other _____
Breed: _____ Color: _____	Breed: _____ Color: _____
Birth date: ____ - ____ - ____ Spayed/Neutered: Y N	Birth date: ____ - ____ - ____ Spayed/Neutered: Y N
Previous illnesses/surgeries: _____	Previous illnesses/surgeries: _____
Allergies to vaccinations or medication: _____	Allergies to vaccinations or medication: _____
Name of diet your pet is being fed: _____	Name of diet your pet is being fed: _____
Any aggressive tendencies? Y N	Any aggressive tendencies? Y N

VACCINATION HISTORY – DOG		VACCINATION HISTORY – CAT			
	Pet #1	Pet #2		Pet #1	Pet #2
Rabies	_____	_____	Rabies	_____	_____
Fecal check	_____	_____	Fecal check	_____	_____
DHLP, Parvo, Corona	_____	_____	Distemper, Rhinotracheitis, Calicivirus	_____	_____
Kennel Cough	_____	_____	Feline Leukemia	_____	_____
Heartworm check	_____	_____	Feline Infectious Peritonitis (FIP)	_____	_____
Date given:	_____	_____	Feline Leukemia Test	_____	_____
Previous veterinary facility: _____			Date given:	_____	_____
			Previous veterinary facility: _____		

At Village Animal Hospital, we provide a full-service environment including surgery, medicine, dentistry, grooming and boarding. In conjunction with a nearby animal emergent care facility, we are able to provide 24-hour care for your pet, seven days a week. We are happy to answer any questions you may have and strive to provide quality care and service to our clients. Thank you for allowing us to serve you.

