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Greensburg, PA 15601
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kvetac.com

NEW CLIENT FORM

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

CLIENT INFORMATION

Date _____
Name _____ Spouse/Co-Owner's Name _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Cell Phone _____ Other _____
E-Mail Address _____

How did you become aware of our clinic? Drove by___ Yellow Pages___ Web Site___ Internet Search___ Previous Client___ Other___

Personal Recommendation (*Whom may we thank?*) _____

Please circle method of payment: Cash Visa MasterCard Discover Care Credit

Appointment Confirmations: E-mail Text Message

*****All Fees Are Due At the Time Services Are Rendered*****

**PET #1:
PET INFORMATION**

NAME: _____
BREED: _____
AGE/DATE OF BIRTH: _____
COLOR: _____
CIRCLE ONE: Male Female
 Neutered Male Spayed Female

MICROCHIP NUMBER: _____
*If you do not know the microchip number, please ask a technician to scan your pet

VACCINATION HISTORY

Please provide latest vaccine history to receptionist

MISCELLANEOUS HISTORY

Any previous serious illnesses or surgeries:

Any allergies to vaccinations or medications:

Does your pet have a peanut allergy?

Yes No

**PET #2:
PET INFORMATION**

NAME: _____
BREED: _____
AGE/DATE OF BIRTH: _____
COLOR: _____
CIRCLE ONE: Male Female
 Neutered Male Spayed Female

MICROCHIP NUMBER: _____
*If you do not know the microchip number, please ask a technician to scan your pet

VACCINATION HISTORY

Please provide latest vaccine history to receptionist

MISCELLANEOUS HISTORY

Any previous serious illnesses or surgeries:

Any allergies to vaccinations or medications:

Does your pet have a peanut allergy?

Yes No