



**Gentle Doctor Animal Hospital** 5230 West Maple Road Omaha, NE 68116 (402) 445-4400

**Candlewood Animal Hospital** 2031 Blondo Street Omaha, NE 68164 (402) 493-9650

**Mapleview Animal Clinic** 8911 Grant Street Omaha, NE 68134 (402) 397-4344

## NEW CLIENT/PATIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted with you and your pets, please take a moment to complete this information sheet.

Name _____		Spouse/Other _____		Today's Date _____	
Address _____		City _____	State _____	Zip _____	Home Phone _____
Employer _____		Work Phone _____	Cell. Phone _____	E-mail Address _____	
Spouse/Other's Employer _____		Work Phone _____	Cell. Phone _____	E-mail Address _____	
Emergency Contact Name _____		Phone _____			

How did you hear about us?

Referral (if so, whom may we thank for referring you?) \_\_\_\_\_  
 Phone Book     Hospital Sign     Flyer     Previous Client     Other \_\_\_\_\_

**Please note: all fees are due at the time services are rendered.**

Do your pet(s) have health insurance?     Yes     No  
 \_\_\_\_\_  Dog     Cat     Other     Male     Female    Neutered/Spayed?  Yes     No  
 Pet's Name \_\_\_\_\_

Birth Date _____	Breed _____	Color _____	Special Character Traits _____
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Please list most recent vaccinations. \_\_\_\_\_ Vaccination date \_\_\_\_\_ clinic/vet \_\_\_\_\_  
 \_\_\_\_\_ Leukemia test (cats): date \_\_\_\_\_  Positive     Negative     Not Tested  
 Date of last heartworm test (dogs). \_\_\_\_\_  
 Is your pet microchipped for identification?     Yes, microchip# \_\_\_\_\_     No  
 \_\_\_\_\_  Dog     Cat     Other     Male     Female    Neutered/Spayed?  Yes     No  
 Additional Pet's Name \_\_\_\_\_

Birth Date _____	Breed _____	Color _____	Special Character Traits _____
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Please list most recent vaccinations. \_\_\_\_\_ Vaccination Date \_\_\_\_\_ Clinic/Vet \_\_\_\_\_  
 \_\_\_\_\_ Leukemia test (cats): date \_\_\_\_\_  Positive     Negative     Not Tested  
 Date of last heartworm test (dogs). \_\_\_\_\_  
 Is your pet microchipped for identification?     Yes, microchip# \_\_\_\_\_     No  
 Where do your pet(s) sleep?     Outside     Dog/cat bed in house     On family member's bed     Other \_\_\_\_\_  
 Is there anything in particular you'd like to discuss with the veterinarian today? \_\_\_\_\_

For office use only: Keyword _____ Form _____
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