



Dr Kimberly Harrell, DVM
Bay Breeze Animal Clinic, PLLC
1005 E Main Street, Suite 1
Rockport, Texas 78382
Phone: 361-727-0900 Fax: 361-727-0905

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's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ Driver's License # _____

Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

***** **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED** *****

We accept Cash, Checks, Visa, MasterCard and Discover Card. **WE DO NOT HOLD PAYMENTS!!**

How did you become aware of our hospital? _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY DATES:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA / PARAINFLUENZA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/ PREVENTION?			
YOUR CAT'S VACCINATION HISTORY DATES:			
RABIES			
RCPC			
LEUKEMIA/FIV TEST			
FELINE LEUKEMIA (FeLV)			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment to your pet? Yes No

BAY BREEZE ANIMAL CLINIC DOES NOT AUTHORIZE ONLINE PHARMACY PRESCRIPTIONS!

Client Signature: _____