

# East York Veterinary Center

New Client/ Patient Information

ID# \_\_\_\_\_

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's Lic.#, State: \_\_\_\_\_ (This is required for us to accept checks.)

Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

E-mail disclaimer: \*\*\*We do not sell or share email addresses. They are used only for animal reminders & EYVC newsletters.\*\*

Spouse/Co-owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's Lic. #, State: \_\_\_\_\_ Employer: \_\_\_\_\_

My preferred payment method today: Cash \_\_\_ Check (local, no temporary please) \_\_\_ Credit Card \_\_\_

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New Pet Information

ID # \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Color/Markings: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Neutered/Spayed? Yes \_\_\_ No \_\_\_

At what age was pet obtained? \_\_\_\_\_ Where? \_\_\_\_\_

From: Friend \_\_\_ Breeder \_\_\_ Pet Sop \_\_\_ Animal Shelter \_\_\_ Other \_\_\_

Location of previous vet history: \_\_\_\_\_

Any previous illnesses: \_\_\_\_\_

Allergies to drugs/ vaccinations/ food: \_\_\_\_\_

Describe your Pet's Diet: \_\_\_\_\_

List your pet's current medications: \_\_\_\_\_

Is your pet up to date on vaccinations? \_\_\_\_\_

I hereby state that I am above 18 years of age and agree to allow East York Vet Center to treat my pet. I realize that each visit will be charged an office visit and that fees are due at the time of service. There is a fee of \$32 for any returned checks, and I acknowledge that I am responsible for all collection fees. I know that I may ask for an estimate of services and EYVC will be happy to provide one.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_