

# Cielo Grande Veterinary Center

2303 W College Ave, Roswell NM

575-623-8000



## 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 \_\_\_\_\_

Cell Ph# \_\_\_\_\_ Other Ph# \_\_\_\_\_ Spouse/Co-Owner's Ph# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Please indicate choice of payment. € Cash / Check € Visa • MasterCard € Care Credit

How did you become aware of our clinic? Drove by \_\_\_\_\_ Facebook \_\_\_\_\_ Web Site \_\_\_\_\_ AWA \_\_\_\_\_ Radio \_\_\_\_\_

€ Personal Recommendation (Whom may we thank?) \_\_\_\_\_

### PET INFORMATION

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) is (circle one): Indoor Only Outdoor Only Equally Indoor/Outdoor A Child's Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**\*\*If fleas or ticks are found on your pet they will be treated with Nexgard or comparable product at your cost\*\***