

# CHEVY CHASE ANIMAL CLINIC

600 Euclid Avenue, Lexington KY, 40502  
Tel: 859-266-0449 Fax: 859-266-7398  
URL: www.chevychaseanimalclinic.com



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

NEW CLIENT/PATIENT FORM:				
CLIENT INFORMATION:				
Name:		Spouse's Name:		
Address:				
City:		State:		Zip Code:
Home Phone:		Work Phone:		
Mobile Phone:		Spouse's Phone:		
Email Address:		Best Time to Contact You:		
S.S.N.:		Are You or Have You Been a Client:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
How Did You Become Aware of Our Clinic:		Your Clinic Was Referred to Me By:		
PATIENT INFORMATION:				
	PET 1	PET 2	PET 3	
Name:				
Sex:	M: <input type="checkbox"/> F: <input type="checkbox"/>	M: <input type="checkbox"/> F: <input type="checkbox"/>	M: <input type="checkbox"/>	F: <input type="checkbox"/>
Age:	____ Years ____ Months	____ Years ____ Months	____ Years ____ Months	
Breed:				
Color/Markings:				
Spayed/Neutered:				
Previous Illnesses/Surgeries:				
Allergies to Vaccinations / Medications:				
Special Diets / Medications:				

Full payment is required upon discharge. We accept Cash, Check (no starter checks please), Visa, MasterCard, American Express and Care Credit. If you are interested in applying for Care Credit, please ask one of our staff members for information.

OWNER/RESPONSIBLE AGENT AUTHORIZATION:	
Signature of Owner or Responsible Agent:	Date: