

**CHEVY CHASE**  
**ANIMAL CLINIC**  
 600 Euclid Ave., Lexington, KY 40502



Date \_\_\_\_\_

Email \_\_\_\_\_

**New Client/Patient Form**

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

**Client Information:**

Name (Mr., Mrs., Ms., Dr.) \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Spouse's work phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Have you been a client here previously \_\_\_\_\_

How did you become aware of our clinic \_\_\_\_\_ drove by \_\_\_\_\_ Yellow Pages \_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_ personal recommendation (whom may we thank?) \_\_\_\_\_

**Patient Information:**

**Pet 1**

**Pet 2**

**Pet 3**

Name \_\_\_\_\_

Breed \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_

Color/Markings \_\_\_\_\_

Sex; 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.

Signature of Owner or Responsible Agent: \_\_\_\_\_

(Must be 18 years or older to sign this form.)