



312 Grand Avenue  
West Des Moines, Iowa 50265  
515-274-3489  
www.grandavenuevet.com

## 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:

How did you become aware of our clinic?  Drove by  Phone Book  Google  Website  Facebook  ARL  
 Personal Referral - (Whom may we thank?) \_\_\_\_\_  I am already a client

### Your Information:

Name: \_\_\_\_\_ 2nd Contact \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Would you like e-mail contact regarding your pets?  No  Yes: E-mail: \_\_\_\_\_

I give Grand Avenue Veterinary permission to use photos of my pet for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content without payment or other considerations.

All fees are due at the time services are rendered.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### Your Pet(s)

#### Pet #1:

This pet is:  Member of our family  Child's pet  Backyard Pet  Indoor/Outdoor  Indoor only  
(check all that applies)

Pet's Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed/Color \_\_\_\_\_ Sex  F  SF  M  NM

Past medical history or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been to a veterinarian in the last 12 months?  Yes  No

Veterinarian/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

Any blood tests done in the past 12 months? \_\_\_\_\_

Did you bring medical records  Yes  No - If not, can we contact your previous vet for them?  Yes  No

Does your pet go to a groomer regularly?  No  Yes

Groomer Name/Phone No \_\_\_\_\_

Any known allergies to medications or vaccinations?  No  Yes \_\_\_\_\_

What do you feed your pet, and how often? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pet #2:**

This pet is:     Member of our family     Child's pet     Backyard Pet     Indoor/Outdoor     Indoor only  
(check all that applies)

Pet's Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed/Color \_\_\_\_\_ Sex     F     SF     M     NM

Past medical history or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been to a veterinarian in the last 12 months?     Yes     No

Veterinarian/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

Any blood tests done in the past 12 months? \_\_\_\_\_

Did you bring medical records  Yes  No - If not, can we contact your previous vet for them?  Yes  No

Does your pet go to a groomer regularly?     No     Yes

Groomer Name/Phone No \_\_\_\_\_

Any known allergies to medications or vaccinations?     No     Yes \_\_\_\_\_

What do you feed your pet, and how often? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pet #3:**

This pet is:     Member of our family     Child's pet     Backyard Pet     Indoor/Outdoor     Indoor only  
(check all that applies)

Pet's Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_

Breed/Color \_\_\_\_\_ Sex     F     SF     M     NM

Past medical history or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been to a veterinarian in the last 12 months?     Yes     No

Veterinarian/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address, City, State \_\_\_\_\_

Any blood tests done in the past 12 months? \_\_\_\_\_

Did you bring medical records  Yes  No - If not, can we contact your previous vet for them?  Yes  No

Does your pet go to a groomer regularly?     No     Yes

Groomer Name/Phone No \_\_\_\_\_

Any known allergies to medications or vaccinations?     No     Yes \_\_\_\_\_

What do you feed your pet, and how often? \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_