



Confederate Woods Veterinary Hospital

New Client Form

Welcome to Confederate Woods Veterinary Hospital. We would love to provide care to your furry family members! We know that choosing the right veterinarian is an important decision. Let us show you how our pet care is second to none.

Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-Mail Address: _____

How did you become aware of our practice?

Internet Search/Website Visit Phonebook Facebook
Client Referral YWCA Other

Whom can we thank for your referral? _____

Your Pet's Information

Pet Name: _____ Color/Markings: _____

Species: _____ Breed: _____

Sex (please circle) Female Male

Is your pet? Spayed Neutered

Date of Birth or Age (if DOB unknown): _____

Diet (what kind of food and how much?): _____

Which describes your pet best: Indoors only Outdoors only
 Indoors mostly - goes out with supervision or on leash
 Indoors mostly - goes out without supervision

Your Pet's Information Continued

Does your pet have any allergies to vaccines, medications, environmental or other allergies?

Please list any previous or ongoing health issues:

Please list any and all medications your pet is currently taking:

Please list any dietary restrictions:

What type of Heartworm and flea and tick preventative is your pet currently using:

Payment Terms

We require full payment when services are rendered. Cash and checks are always accepted. A \$35 processing fee will be applied for any check that is not able to be processed by the bank. For your convenience, we also accept MasterCard, Visa, Discover, and CareCredit.