



Kingsford Veterinary Hospital	70 Gardeners Rd	Kingsford 2032	9662 6703
Alexandria Veterinary Hospital	1/138 Botany Rd	Alexandria 2015	9698 4120
Dee Why Vet Hospital	815 Pittwater Rd	Dee Why 2099	9938 1069

New Client / Patient Information Form

Client Details

Title: Dr Mr Miss Mrs Ms

First Name: _____

Last Name: _____

Address: _____

Email Address: _____

Phone: Work _____ Home _____ Mobile _____

Occupation (optional): _____

How did you hear about us: phone book, signage, recommended by friend-please name, other? _____

Secondary Contact Details

Title: Dr Mr Miss Mrs

First Name: _____ MI: _____

Last Name: _____

Phone: Work _____ Home _____ Mobile _____

Patient Details

Name: _____ Birthdate: ____/____/____

Sex: Male Female Neutered Male Neutered Female

Species: Dog Cat Other _____

Breed: _____

Colour: _____ Markings: _____

Microchip Number: _____

Diet: _____

Flea Preventative: _____

Pet Insurance: No Yes Name: _____

Intestinal Worm Preventative: _____

May Bite (in the interest of staff safety): Yes Sometimes if nervous Never

Oral Care Products: _____

Shampoo/Skin Products: _____

Allergies: _____

Current Medications: _____

Heartworm Preventative: _____

Vaccination Reactions: No Yes Frequency: _____

Seizures: Yes / No Frequency: _____

Other Notes: _____

Staff Use Only - Staff initial once ALL Information Entered Initial _____ Date __/__/__ {File in Tray}