



Four Paws Animal Hospital  
1001 Columbus Avenue  
Lebanon, Ohio 45036  
P: 513-934-1520  
F: 513-298-0061

### New Client/Pet Form

#### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ 1<sup>st</sup> Contact

\_\_\_\_\_ 2<sup>nd</sup> Contact

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Drivers License: \_\_\_\_\_

#### Pet Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Spayed \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_

Is your pet currently taking medications?

\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any allergies to vaccines, medications and/or food?

\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any previous health issues and/or surgeries?

\_\_\_\_\_  
\_\_\_\_\_

Anything else we should know about your pet?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate below to the best of your knowledge the last date your pet has had the following:

Dogs

Distemper (DHPP or DHLPP): \_\_\_\_\_

Kennel Cough (Bordetella): \_\_\_\_\_ Rabies: \_\_\_\_\_

Heartworm Test: \_\_\_\_\_ Fecal Exam: \_\_\_\_\_

Cats

Distemper (FVRCP): \_\_\_\_\_ Leukemia (FeLV): \_\_\_\_\_

Rabies: \_\_\_\_\_

Feline Leukemia/FIV Test: \_\_\_\_\_ Fecal Exam: \_\_\_\_\_

Reason for visit today:

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Financial Policy: We honor MasterCard, Visa, Discover, American Express, Care Credit, personal checks with a valid ID, and cash. A fee of \$25 will be charged for returned checks, along with no further check acceptance. All fees are due at time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_