



**Animal Health  
Care Center**  
*of Hershey*

# New Client/Pet Form

Pet Owner's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ Email \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Spouse or Co-Owner \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about Animal Health Care Center of Hershey? \_\_\_\_\_

Referred by (We would like to thank them.) \_\_\_\_\_

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Birds \_\_\_\_\_ Reptiles \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_

Female - Spayed? YES NO

Male - Neutered? YES NO

Microchip Identification # \_\_\_\_\_

Medical Records (Name of hospital where they can be obtained)

**Vaccination History**

(Please indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo \_\_\_\_\_

Coronavirus \_\_\_\_\_ Lyme \_\_\_\_\_

Feline Distemper \_\_\_\_\_ Bordatella \_\_\_\_\_

Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Other \_\_\_\_\_ Describe Other \_\_\_\_\_

**Nutrition**

Dry Brand \_\_\_\_\_

Canned Brand \_\_\_\_\_

How Much and How Often? \_\_\_\_\_

**Medical Conditions and Current Medications**  
(Allergies, drug reactions, heart conditions, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to facilitate an increasing number of patients, to maintain low cost services, and to keep our services at the highest level of quality, we cannot extend credit out of our office. Please understand that payment in full is due at the time of service. We may also require a deposit for major procedures. To help you obtain your financial responsibility the following payment options are accepted: cash, debit, Visa, MasterCard, Discover and personal check (if Driver License # provided above).

As the financially responsible party, I understand and agree to pay for all services rendered that I authorize.

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