



EAST LEBANON ANIMAL CLINIC

429 E. Cumberland St.

Lebanon, PA 17042

Phone: (717) 272-2453 | Fax: (717) 272-2478

NEW CLIENT FORM

Please fill out the below form and bring it with you to your first appointment. If your pet has prior medical records, please also bring those with you.

ABOUT YOU:

Today's Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

ADDITIONAL INFORMATION:

Reason for Visit: _____

Which hospitals has your pet visited previously? _____

If you brought records with you today, please list them here: _____

ABOUT YOUR PET:

Pet's Name: _____

Species (Cat/Dog): _____ Breed: _____

Date of Birth: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____



EAST LEBANON ANIMAL CLINIC

429 E. Cumberland St.

Lebanon, PA 17042

Phone: (717) 272-2453 | Fax: (717) 272-2478

ABOUT YOUR PETS:

Pet's Name: _____

Species (Cat/Dog): _____ Breed: _____

Date of Birth: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____

Pet's Name: _____

Species (Cat/Dog): _____ Breed: _____

Date of Birth: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____

Pet's Name: _____

Species (Cat/Dog): _____ Breed: _____

Date of Birth: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____

Pet's Name: _____

Species (Cat/Dog): _____ Breed: _____

Date of Birth: _____ Gender: _____ Spay/Neuter: _____

Food/Treats given: _____ Known Allergies: _____

Known Medical Conditions: _____

Prior Reaction to Vaccines or Medications: _____