



COMMUNITY
ANIMAL HOSPITAL

400 S Pine St
York, PA 17403
717-845-5669
info@cah-york.com

NEW CLIENT FORM

Thank you for the opportunity to care for your pet(s). Please complete this form to allow us to become better acquainted with you.

CLIENT INFORMATION

Date _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____ Cell Phone: _____

Place Of Employment: _____ Work Phone: _____

Spouse's Work Phone: _____ Emergency Phone: _____

Best Time To Reach You: _____

Driver's License State & Number: _____ Social Security #: _____

Payment In Full Is Due At The Time Services Are Rendered

Community Animal Hospital does not offer payment plans. Along with the standard forms of payment we also accept CareCredit. You can apply for CareCredit at their web site.)

Please indicate choice(s) of payment:

Cash: Check: Visa: MasterCard: Discover: American Express: CareCredit:

How did you become aware of our clinic?

Drive by: Previous Client: Social Media: Internet:

Other: _____

Personal Recommendation (*Whom may we thank?*): _____

Our pet(s) is/are: Member of our family: Child's pet: Backyard pet:

Any previous serious illnesses or surgeries? Yes: No:

If yes, please explain: _____

Any allergies to vaccinations or medications? Yes: No:

If yes, please explain: _____

Is your pet on any special diets or medications? Yes: No:

If yes, please explain: _____

Would you like to be present during treatment to your pet? Yes: No:



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Pet(s) History

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
INTRA TRAC II			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
LEUKOCELL			
FECAL (STOOL SAMPLE)			