



## Meadowbrook Veterinary Clinic

1624 West War Memorial Dr.

Peoria, IL 61614

309-682-6665

[www.meadowbrookvet.com](http://www.meadowbrookvet.com)

<https://www.facebook.com/MeadowbrookVet>



### NEW CLIENT FORM

*Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:*

#### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Co-Owner's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse/Co-Owner's Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

May we call you at work if necessary?  Yes  No

E-Mail Address \_\_\_\_\_

Would you like to receive text messages for appointment reminders?

Yes  No If Yes, what number would you prefer to be texted to? \_\_\_\_\_

Preferred method of communication?  Phone  Text Message  Email

In case of an emergency, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

#### All Fees Are Due At the Time Services Are Rendered

Please indicate choice of payment.  Cash / Check  Visa  MasterCard

How did you become aware of our clinic?  Drove by  Yellow Pages  Web Site  Google  Facebook

Individual. Whom may we thank for referring you? \_\_\_\_\_

Other \_\_\_\_\_

**PHOTO CONSENT:** Do you authorize Meadowbrook Veterinary Clinic to use pictures of your pet(s) for clinic brochures, post on Facebook™, clinic website or for educational purposes?

Yes  No **If yes, please read and sign the following:**

I, \_\_\_\_\_ the owner named above, authorize Meadowbrook Veterinary Clinic to use pictures of my present pet(s) and all future pets for purposes of clinic brochures, posting on Facebook™, clinic website or for educational purposes. I understand that once my consent is given, it remains in effect unless and until I provide written revocation of consent.

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

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

	PET # 1	PET # 2	PET # 3
Name			
Breed			
Date of Birth			
Color			
Sex; Spayed or Neutered?			
Medications			
Type of Food and Amount per day			
Outdoor or Indoor? If how outdoor how much (i.e. all the time, 2 hours a day)			
<b>YOUR DOG'S VACCINATION HISTORY:</b>			
Rabies			
DHLP Parvo			
Bordetella			
Fecal (Stool Sample)			
Heartworm Test/Prevention?			
<b>YOUR CAT'S VACCINATION HISTORY:</b>			
Rabies			
Feline Distemper			
Leukemia Test			
FELV			
Fecal (Stool Sample)			

Pet 1 is:  Member of our family  Child's pet  Backyard pet  
 Pet 2 is:  Member of our family  Child's pet  Backyard pet  
 Pet 3 is:  Member of our family  Child's pet  Backyard pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

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