

**SOUTH RHEA ANIMAL HOSPITAL**  
 865 Rhea County Hwy. Dayton, Tn. 37321  
 Phone: 423-775-5619 Fax: 423-570-0581  
 Jeffrey E. Nix D.V.M. Sherle R. Thompson D.V.M.

**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:** Social Security # \_\_\_\_\_ Driver's license # \_\_\_\_\_  
 Name: \_\_\_\_\_ Spouse's name \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Spouse's \_\_\_\_\_ E-Mail \_\_\_\_\_



I am aware that South Rhea Animal Hospital provides veterinary service on a cash only basis. All fees are due at the time service is rendered. Please indicate choice of payment:

- Cash/check       Visa/MasterCard/Discover

If this account is placed for collection, I agree to pay all costs of collections, including attorney's fees.

x \_\_\_\_\_

How did you become aware of our clinic?     Drove by     Yellow Pages     Previous client

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

PATIENT INFORMATION	PET 1	PET 2	PET 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED?			
WEIGHT			
VACCINATION HISTORY/DOG ----- RABIES			
DHLPP (DISTEMPER/PARVO)			
KENNEL COUGH			
HEARTWORM TEST			
VACCINATION HISTORY/CAT-----RABIES			
FVRCP (DISTEMPER)			
FeLV (LEUKEMIA)			

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

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

Is your pet on any special diets or medications? \_\_\_\_\_