



**Beechnut**  
Animal Hospital

## New Client Check-in Form

**Client Name (Please Print):** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (We will send you a link to view your pet's records.)

**Pet Name (Please Print):** \_\_\_\_\_

**Species (Circle one)** Dog Cat Other

**Age** \_\_\_\_\_

**Sex (Circle one)** Male Male Neutered Female Female Spayed

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Is your pet microchipped (Circle one)?** Yes No

**Drug Allergies** \_\_\_\_\_

**Date of Last Vaccination:**

Dogs  
Rabies \_\_\_\_\_  
Dhlp-p \_\_\_\_\_  
Bordetella \_\_\_\_\_

Cats  
Rabies \_\_\_\_\_  
Fvrp \_\_\_\_\_  
Felv \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

(We appreciate referrals and would like to send a letter of appreciation.)

Payment is due at the time of service. How do you wish to pay for your visit?

- Cash
- Check - if so, Texas Drivers License Number \_\_\_\_\_
- Credit Card
- Care Credit

Attention Check Writers

### We Gladly Accept Your Checks

However, in the event your check is returned for Insufficient Funds, Federal Check Recovery, Inc. reserves the right to electronically debit your checking account for both the face amount and associated fees. Your payment by check is deemed as acceptance of this electronic check recovery system

**Thank you for your business!**