

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

Veterinary Hospital of New Waverly  
Steve VanWagner, DVM, MS Kim VanWagner, DVM  
455 Hwy 150, New Waverly, Texas 77358



Welcome, we are glad you are here!!

**New Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Salutation: Dr. Mr. Mrs. Miss  
Circle One

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**How did you first hear of Veterinary Hospital of New Waverly?**

Phone Book Drove by Clinic Personal Referral ( Who?) \_\_\_\_\_

**Pet Information (Information for additional pets may be placed on back)**

1. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (wks/mos/yrs) Birthdate: \_\_\_\_\_

Dog Cat Other \_\_\_\_\_ Sex Male Female Neutered Spayed Short/Med/Long hair  
Circle one

Breed: \_\_\_\_\_ Pet spayed/neutered at what age? \_\_\_\_\_ (wks/mos/yrs)

Color: \_\_\_\_\_ What age was pet obtained? \_\_\_\_\_ (wks/mos/yrs)

Pet was obtained from Friend Breeder Pet Shop Stray Humane Society/Shelter Other \_\_\_\_\_

Reason for obtaining pet (Check all that apply): Companion Protection Breeding Show Other

Describe your pet's diet: Dry food only Canned food only Dry/Canned food  
Table Food (Occasionally Regularly As a sole source of food)

Which brand of pet food do you feed? How much? Frequency?: \_\_\_\_\_

Reason for this visit today: \_\_\_\_\_

List your pet's current medications (Include dosage): \_\_\_\_\_

Please check any symptoms or problems you've noticed with your pet:

- Appetite Changes    Eye Problems    Scratching    Weakness    Coughing
- Behavioral Changes    Shaking Head    Gagging    Sneezing    Limping
- Breathing Problems    Gums Bleeding    Thirst    Depression    Diarrhea
- Vomiting    Scooting    Loss of Balance    Increased Urination

Other \_\_\_\_\_

2. Vaccines: if animals are dropped off, we MUST have proof of current vaccines. Vaccines (Needed/last received): \_\_\_\_\_

	Date		Date
<b>DOGS:</b> Distemper/Hepatitis	_____	<b>CATS:</b> FVRCP, Pneumonitis	_____
Parvo	_____	Feline Leukemia	_____
Bordetella	_____	FIP/FIV	_____
Rabies	_____	Rabies (1 yr or 3 yr)	_____
Fecal Exam	_____	Felv/FIV test	_____
Heartworm Check	_____		

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Acceptable Methods of Payment are: CASH, CHECK, ( CREDIT CARDS: AMEX, VISA, MASTERCARD), CARE CREDIT.  
Signature of client responsible for pet(s) \_\_\_\_\_