

Windy Hollow Veterinary Clinic
68 Sunderland Rd. Montague, MA 01351
New Client Information Sheet

Name: _____ Phone: _____
Last First Home Work

Address: _____
Street/Rd PO Box City State Zip code

Drivers License No. _____ Cell Phone: _____

Spouse/Partner: _____ Phone: _____
Last First Home Work

How did you hear about us? _____
 Friend Relative Radio Yellow Pages Drive By Internet

We are a full service veterinary care facility that provides conventional as well as complementary therapies. Please help us to learn about what you would like for your pet, by circling any of the following "alternative" medical approaches that would interest you.

Acupuncture Nutrition Herbal Medicine

Pet Information

Name	Breed	Color	Age/DOB	Sex	Spayed/Neutered
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1. _____
2. _____
3. _____

K-9 Vaccine History

Distemper/Parvo (DHPP) _____
Rabies _____
Lyme _____
Heartworm Test _____
Kennel Cough _____

Feline Vaccine History

Distemper (FVRCP) _____
Feline Leukemia (Felv) _____
Rabies _____
Felv/Fiv test _____

Previous/ Current Veterinarian _____

Payment Terms and Information:

Professional fees are always due at the time of service. If you are unsure of the cost, feel free to request an estimate at any time. If your pet is hospitalized, a deposit may be required. The total balance is due when you pick up your pet.

Payment options are Cash, Check or Visa/Mastercard

Signature _____ Date _____