



1441 University Dr. South  
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### 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:*

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

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

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

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

#### How did you become aware of our clinic?

Drove by \_\_\_ Community Event \_\_\_ Web Site \_\_\_ Facebook \_\_\_ Google \_\_\_ Yelp \_\_\_ Previous Client \_\_\_ Other \_\_\_\_\_

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

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### PET HISTORY

#### **PET # 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Canine/Feline/Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Neutered  Female  Spayed

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#### **PET # 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Canine/Feline/Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Neutered  Female  Spayed

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#### **Note: All patients are required to be up to date on Rabies and Distemper vaccinations.**

\*AHC has my permission to take pictures of my pet; they may use for pets file, and can be posted to our websites and Facebook page. \_\_\_\_\_

***\*Please let our staff know if you or any members of your family have food allergies. As a part of making your pet's visit more enjoyable, we give many treats and wouldn't want to make anyone sick! Please list allergies we should be aware of:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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