

Wilson Veterinary Hospital, PA

4741 Lake Wilson Road

Elm City, NC 27822

252-291-5270

NEW CLIENT FORM

Thank you for giving Wilson Veterinary Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Client Information

Email Address _____
You will only receive emails regarding your pet's health

Name _____ Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Spouse's Phone _____

Employer _____

Driver's License # _____ Social Security # _____ - _____ - _____

Phone number and name of friend or relative in case of emergency _____

All fees are due at the time services are rendered. We accept cash, check, debit, Visa, MasterCard, Discover and CareCredit

How did you become aware of our clinic? Friend/Relative Drove by Internet
 Previous Client Other

Personal Recommendation (whom may we thank?) _____

Patient Information

Pet #1

Name _____ Dog Cat Bird Other _____ Breed _____

Sex M F Spayed/Neutered: Yes No Color _____ Date of Birth _____

Previous serious illness or surgeries? _____

Allergies to vaccinations/medications? _____

Is your pet on any special diets or medications? _____

Pet #2

Name _____ Dog Cat Bird Other _____ Breed _____

Sex M F Spayed/Neutered: Yes No Color _____ Date of Birth _____

Previous serious illness or surgeries? _____

Allergies to vaccinations/medications? _____

Is your pet on any special diets or medications? _____