Bullard Marks Veterinary Medical Center
New Client Information Sheet

Client Information:

First Name: ____________________________Last Name: ___________________________________

Address: ______________________________ City: _______________ State:______ Zip:_________

Home Phone : _________________ Cell Phone: ________________ Work Phone: _____________

How did you learn:____

Who is your current/previous Veterinarian?____

Please note how you would like to receive appointment reminders. Please choose one of the following:

Phone Call: (____)_____________ E-Mail: _______________________@_____________________

Spouse or Alternate Contact:

First Name: _____________________________Last Name: __________________________________

Home Phone:____________________________Work Phone:__________________________________

Pet Information:

Pet's Name:_________________________Dog/Cat Other(please specify)______________Male/Female

Neutered/Spayed Birth date/Age:__________________ Breed:______________ Color:____________

Describe your pet's diet:______________________ List pet's current medications:_________________

____ ____

Pet's Environment (please circle all that apply):

Inside/Outside Outside Only Inside Only Travels outside of Fresno City Limits

Has your pet had any of the following?

- ☐ Appetite Loss
- ☐ Behavior Changes
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Problems(please specify)____________
- ☐ Gagging
- ☐ Gums Bleeding
- ☐ Limping(please specify)________________
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Increased Water Intake
- ☐ Urination Increased
- ☐ Vomiting
- ☐ Other (please specify)_________________

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Pet's History:

Last Vaccinations and Dates Given:____

Prior Surgery:____

Prior Illness:____