

Bell Animal & Bird Clinic

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:

CLIENT INFORMATION

Date _____

Name _____ Spouse _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Place of Employment _____

Work Phone _____ Cell Phone _____

Best Time To Reach You _____ What Number _____

E-MAIL ADDRESS _____

How Did You Become Aware Of Our Clinic?
Please Circle One

Drive By Yellow Pages/Dex Knows

Internet/Google Previous Client - _____

Other - _____

Questions about your avian(s):

Name _____

Name _____

Name _____

Breed _____

Breed _____

Breed _____

DOB _____

DOB _____

DOB _____

Sex _____

Sex _____

Sex _____

Color _____

Color _____

Color _____

When was your avian last seen by a vet? _____

When was your avian(s) last test for Chlamydia? _____ Gram Stain
Test? _____

How often do you purchase food for your avian? _____

Has your avian(s) had any previous illnesses or surgeries? _____

Does your avian(s) have any allergies to any medications? If so, which ones? _____

X _____

