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New Client Form

Thank you for the opportunity to care for your pet(s). Please complete this form to allow us to become better acquainted with you.

Client Information

Date _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: ____ Zip: ____

E-Mail Address: _____ Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Spouse's Work Phone: _____ Emergency Phone: _____

Best Time To Reach You: _____ Driver's License State & Number: _____

Social Security#: _____

Payment in full is due when services are rendered.

Community Animal Hospital does not offer payment plans. Along with the standard forms of payment we also accept CareCredit. You can apply for CareCredit at their web site.

Please indicate choice(s) of payment:

Cash: Check: Visa: MasterCard: Discover: American Express: CareCredit:

How did you hear about Community Animal Hospital?

Drive by: Previous Client: Social Media: Internet:

Other: _____ Personal Recommendation (Whom may we thank?): _____

Pet Information

Our pet(s) is/are: Member of our family: Child's pet: Backyard pet:

Any previous serious illnesses or surgeries? Yes: No:

If yes, please explain: _____

Any allergies to vaccinations or medications? Yes: No:

If yes, please explain: _____

Is your pet on any special diets or medications? Yes: No:

If yes, please explain: _____

Would you like to be present during treatment to your pet? Yes: No:

Pet(s) History

	1 st Pet	2 nd Pet	3 rd Pet
Name			
Breed			
Date of Birth			
Color			
Gender			
Spayed/Neutered?			

Vaccination History

DHLP Parvo Corona (Dogs)			
Bordetella (Dogs)			
Intra Trac II (Dogs)			
Heartworm Test/Prevention (Dogs)			
Dist-Rhino Chlamydia (Cats)			
Leukemia Test (Cats)			
Leukocell (Cats)			
Rabies (Dogs & Cats)			
Fecal (Stool Sample) - (Dogs & Cats)			