



LIMEHOUSE

VETERINARY CLINIC OF HOLISTIC MEDICINE

New Client Information

Date:	Driver's License #			
Last Name	First name		Spouse/Co-Owner	
Street Address	Apt	City	State	Zip
Home Telephone	Work		Cell	
Email Address:	Referred By:			

Pet Information

Pet's Name	Dog/Cat	Breed	M/F	Altered?	DOB/Age	Color
	Rabies	DAPP	Bordetella	FVRCP	FELV	Other
Last Vaccination Date:						
Pet's Name	Dog/Cat	Breed	M/F	Altered?	DOB/Age	Color
	Rabies	DAPP	Bordetella	FVRCP	FELV	Other
Last Vaccination Date:						
Pet's Name	Dog/Cat	Breed	M/F	Altered?	DOB/Age	Color
	Rabies	DAPP	Bordetella	FVRCP	FELV	Other
Last Vaccination Date:						

Payment will be due at the time services are rendered. There is a one-time non-refundable deposit of \$25 which will be applied to the costs of your visit.

Please include your preferred method of payment:

Card Number:		Expiration:		CVV:	
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If we do not receive this information within three days of making your appointment, we will not be able to hold that appointment for you. If you need assistance in filling out this form, please give us a call at 818-761-0787.