

Cook Veterinary Clinic

New Client Check-In

Name: _____

Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone (if different than cell phone): _____

Employer & Work Phone: _____

E-mail: _____

Preferred Contact Method: _____

Social Security: _____

Drivers License: _____

Military or Retired Military? _____



Alternative Contact (someone we can call if we can't reach you):

_____ Phone Number: _____

Fee for services are due at the time of service unless other arrangements are made before services are preformed.

(We accept cash, check, Visa, MasterCard, and Discover)

Signature: _____ Date: _____

Cook Veterinary Clinic
1727 E. Anamosa St. Suite 100
Rapid City, SD 57703
605-399-2665

Family Pets

Pet Name: _____

Canine___ Feline___ Other_____ Breed_____ Age/Birthday_____

Vaccination history: _____ Color _____ Male_____ Neutered_____

_____ Female_____ Spayed_____

Current medications: _____

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Pet Name: _____

Canine___ Feline___ Other_____ Breed_____ Age/Birthday_____

Vaccination history: _____ Color _____ Male_____ Neutered_____

_____ Female_____ Spayed_____

Current medications: _____

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Pet Name: _____

Canine___ Feline___ Other_____ Breed_____ Age/Birthday_____

Vaccination history: _____ Color _____ Male_____ Neutered_____

_____ Female_____ Spayed_____

Current medications: _____

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Pet Name: _____

Canine___ Feline___ Other_____ Breed_____ Age/Birthday_____

Vaccination history: _____ Color _____ Male_____ Neutered_____

_____ Female_____ Spayed_____

Current medications: _____

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If you need more space for current medications and/or vaccination history please attach an additional sheet with pet's name.