



Triadelphia Veterinary Clinic

443-535-9257

www.triadvet.com

New Client Information

Name _____ Date _____

Address _____ Home () _____

_____ Cell () _____

_____ Work () _____ Ext. _____

Spouse's name _____ Spouse's cell # () _____

*Our appointment/vaccine reminders are run by a 3rd party online. We use ePet Health, this service provides you with a free online account to view your pet's vaccines, schedule appointments, and receive email or text reminders, (you are responsible for any fees from your cell carrier.) Triadelphia Vet does not have access to your online Portal. Providing us with your email will automatically enroll you for an ePet Health account. **Email (Please print clearly)**

_____ @ _____

Emergency Contact

Name _____ Relationship _____

Phone # () _____ Cell # () _____

Patient Information

Pet's name _____ Date of birth _____

Male ___ Female ___ Neutered/Spayed (circle) Canine/Feline/Avian/Rodent/Lagomorph/Reptile (circle)

Breed _____ Color/Markings _____

Any medical conditions we should be aware of? _____

Is your pet on any medications for the condition? _____

Are vaccines current? Yes / No (circle) Flea/Tick and Heartworm preventatives? Yes / No

Is your pet Micro-chipped? Yes / No (circle)

Is the Microchip registered? Yes / No (circle) What company? _____

We have a referral program, who may we thank for your being here today? _____

Internet _____ **Walk by** _____

