



KILLINGWORTH ANIMAL HOSPITAL

208 Route 81, Killingworth, CT 06419
Phone: 860-663-3003 :: Fax: 860-663-2222
www.killingworthanimalhospital.com

New Client Form

Owner: _____ Spouse/Other: _____
Address: _____ Town: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
Spouse/Other Phone: _____
Emergency Contact Name: _____ Number: _____
Email Address: _____ Reminders: Emails Postcards
May we use your pet's picture on our social media pages/advertisements one day? Yes No
Do you have pet insurance? Yes No If yes, which insurance company? _____
How did you hear about KAH? (please circle) Website Social Media Sign Ad (newspaper)
Friend/Family- If so, who? _____ Other (please explain) _____

Animal #1:

Name: _____ Species: _____ Breed: _____
Gender: Male Female Spayed Neutered Date of birth/age: _____ Allergies?: _____
Any Medications?: _____ Current diet: _____
Vaccination History: K9/FE Distemper Rabies Lyme Lepto Kennel Cough Influenza Leukemia

Animal #2:

Name: _____ Species: _____ Breed: _____
Gender: Male Female Spayed Neutered Date of birth/age: _____ Allergies?: _____
Any Medications?: _____ Current diet: _____
Vaccination History: K9/FE Distemper Rabies Lyme Lepto Kennel Cough Influenza Leukemia

Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or staff member). ALL PROFESSIONAL FEES ARE DUE AT TIME OF SERVICES RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept MasterCard, Visa, Discover, American Express, and CareCredit. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized pets must be currently vaccinated against rabies and free from internal and external parasites. The signature below authorizes this level of care and assumes financial responsibility for all charges incurred in that care.

Signature of Owner: _____ Date: _____