



Heartland Veterinary Clinic, Ltd.

135 S. First Avenue Morton, IL 61550
(309)266-5306

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Heartland Veterinary Clinic. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care.

CLIENT INFORMATION

First name _____ Last name _____
Spouse first name _____ Spouse last name _____
Address _____ City _____ State _____ Zip _____
Home phone (_____) _____ Work phone (_____) _____ Ext _____ Cell (_____) _____
E-mail address _____ Employer _____
Social Security # _____
Driver's License # _____ Exp. _____ County of Residence _____

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No
Species: Dog Cat Bird Ferret Reptile Rabbit Other _____
Pet's Date of Birth (Month/Day/Year) ____/____/____ If date of birth is unknown, please give pet's age _____
Breed _____ Color _____ Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about? Yes No
If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____
Heartworm test: _____ Is your dog on heartworm preventives? Yes No Flea Control? Yes No

Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____
Who is your previous veterinarian? _____ Phone (_____) _____

How did you become aware of our hospital?

- Referred by friend. Whom may we thank? _____
 Referred by veterinarian. Whom may we thank? _____
 Drove by Previous client Yellow pages

We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, and Discover. I verify that all the information provided is accurate.

Signed _____ Date _____