



# Heartland Veterinary Clinic, Ltd.

250 Detroit Ave. 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.

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### 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 \_\_\_\_\_

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### 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 (\_\_\_\_) \_\_\_\_\_

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### 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 ☐ Internet

**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 \_\_\_\_\_