

Cedar Rapids Animal Hospital  
1000 Memorial Dr. SE  
Cedar Rapids, IA 52403  
319-366-0479  
[crah@qwestoffice.net](mailto:crah@qwestoffice.net)

## New Client Form

Name: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_  
(first name) (last name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

How did you learn of our practice?

Referral     Yellow Pages     Internet     Other \_\_\_\_\_

If referral whom may we thank for recommending our practice? \_\_\_\_\_

### PET HEALTH HISTORY

Pet's Name: _____	Pet's Name: _____
Species: _____ Breed: _____	Species: _____ Breed: _____
Description/Color: _____	Description/Color: _____
Age or Date of Birth: _____	Age or Date of Birth: _____
Sex: _____ Spayed/Neutered? <input type="checkbox"/> yes <input type="checkbox"/> no	Sex: _____ Spayed/Neutered? <input type="checkbox"/> yes <input type="checkbox"/> no

Please be sure to bring any medical history that you have for all pets. If needed, we would be more than happy to call any previous clinics to obtain your records.

Thank you for helping us complete our records. We look forward to working with you.

**Payment due at the time of service**