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NEW CLIENT INFORMATION

Thank you for giving Animal Health Clinic the opportunity to care for your pet. To become better acquainted, please complete the following:

Home phone (include area code): _____

Owners' Name _____ Spouse Name _____

Address: _____ City: _____ State: _____ Zip: _____

Work phone: _____ Place of Employment: _____

Spouse work Phone: _____ Spouse place of employment: _____

If necessary, may we call you at work? Yes No Spouse? Yes No

E-mail: _____ Cell phone: _____

Pet Information

Pet's name: _____ Date of Birth: _____

Species: Canine Feline Avian Other Sex: Male Neutered male
Female Spayed female

Specific breed: _____

Color _____ Long hair Short hair

Vaccination history (when and where) _____

Note: current Rabies, Distemper and Bordatella are required for all patients.

How did you become aware of our hospital? Yellow pages Hospital sign

Personal recommendation (whom may we thank?) _____

We accept: cash/check Mastercard/Visa/Discover/CareCredit

***Fees for services are to be paid as services are rendered.*