

## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

Date\_\_\_\_\_

### CLIENT INFORMATION

Owner's name\_\_\_\_\_ Spouse's name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Home phone\_\_\_\_\_ Work phone\_\_\_\_\_

Cellular Phone\_\_\_\_\_ Other phone\_\_\_\_\_

E-mail address\_\_\_\_\_

Place of employment\_\_\_\_\_

Driver's License #\_\_\_\_\_ Social Security #\_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

In case of your absence, is there anyone other than the above mentioned who may authorize treatment of your pet?

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Do you give our clinic permission to post photos on our website/Facebook Page? Y or N

**All fees are due at the time services are rendered.**

### PATIENT INFORMATION

#### Pet #1:

Name\_\_\_\_\_

Any previous illness or surgeries?  
\_\_\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_

Any allergies to vaccines or medications?  
\_\_\_\_\_

Date of birth\_\_\_\_\_

Color\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Special diets or medications?  
\_\_\_\_\_

Microchip # \_\_\_\_\_

#### Pet #2:

Name\_\_\_\_\_

Any previous illness or surgeries?  
\_\_\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_

Any allergies to vaccines or medications?  
\_\_\_\_\_

Date of birth\_\_\_\_\_

Color\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

Special diets or medications?  
\_\_\_\_\_

Microchip # \_\_\_\_\_

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If any Additional pets please ask for a second form