



## New Client Form

**Welcome!** We're very pleased you have chosen us for your pet's care. Please complete the information below so that we may ensure accurate record keeping and can better serve you.

**Owner's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

### Contact Information:

Home Phone: \_\_\_\_\_ Spouse's Work Number: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**How did You Hear About Us?**  Drove By  Yellow Pages  Website  Referred by friend, relative, or organization (Name): \_\_\_\_\_

### Tell Us About Your Pet(s):

Name: \_\_\_\_\_ Special Diet: \_\_\_\_\_  
Breed: \_\_\_\_\_ Medications: \_\_\_\_\_  
Color: \_\_\_\_\_ Allergies (medications, vaccines, etc): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Previous Serious Injury: \_\_\_\_\_  
Gender: \_\_\_\_\_ Previous Serious Surgery: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_

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Breed: \_\_\_\_\_ Medications: \_\_\_\_\_  
Color: \_\_\_\_\_ Allergies (medications, vaccines, etc): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Previous Serious Injury: \_\_\_\_\_  
Gender: \_\_\_\_\_ Previous Serious Surgery: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Previous Serious Injury: \_\_\_\_\_  
Gender: \_\_\_\_\_ Previous Serious Surgery: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_

Previous Veterinarian and phone number : \_\_\_\_\_

**Records:** If you did not bring records on your pet(s) from your previous veterinarian, please have them fax or mail a copy for our records. Important information includes previous vaccine history, serious surgeries, chronic illnesses, recurrent prescriptions, and bloodwork. Your signature below also gives us permission to collect any records from your previous veterinarian.

### Payment Agreement:

I understand that all fees must be paid at the time services are rendered. In the event the account is turned over for collection, I agree to pay collection fees and interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date