

New Client Information Form

Pet Owner Information:

_____ Date

Primary Contact:

Secondary Contact:

 Last / First
 _____ / _____
 Home / Cell / Work

 Last / First
 _____ / _____
 Home / Cell / Work

Address:

_____ Apt# _____ City _____ State _____ Zip _____

Email: (Please print clearly) _____

Preferred Method of Contact: Email Text Phonecall For Text or Phonecall, which #? _____

Patient Information:

Pet 1

Pet 2

Name: _____ Canine
 _____ Feline

Name: _____ Canine
 _____ Feline

Breed: _____ Female Male
 _____ Spayed Neutered

Breed: _____ Female Male
 _____ Spayed Neutered

Date of Birth: _____ Estimated: _____

Date of Birth: _____ Estimated: _____

Patient Color & Markings: (1) _____ (2) _____

Please list other hospitals where your pet has been seen:

_____ Can we use your pet's picture on our social media sites (Website, Facebook, YouTube, Instagram, etc)? Yes No

Does your Pet have a microchip? Yes No Please enter #: _____
 (If you're unsure, please ask us to scan for one.)

Do you have Pet Health Insurance? Yes No If Yes and you would like us to submit for you, please send us a signed claim form.

Do you anticipate any foreign travel with your pet? Yes No If No and you would like insurance, please ask the doctor during your appointment. Specify: _____

PAYMENT IN FULL IS DUE UPON RELEASE OF PATIENT.

I acknowledge that payment is due in full at the time of service. I understand that some services may require advance payment. The technician or doctor will gladly prepare a written estimate. I authorize the veterinarian to examine, prescribe for, or treat the above described pet(s).