



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet. To insure the best care possible, please take the time to fill out this form completely. Thank you!

REGISTRATION:

Owner's Name: _____ Spouse/Co-owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Please provide the best email to receive information and updates on your pet's health.

Employer's Name: _____

Emergency Contact: _____ Phone #: _____

Reason for visit: _____

Names of the people that have permission to bring in the pet(s): _____

HOW DID YOU HEAR ABOUT US?

- Client: _____ Internet Yellow Pages
- Employee: _____ Drove/Walked By Mailer/Postcard
- Other Hospital/Employee: _____ Other: _____

PET INFORMATION

Pet's Name: _____ Dog Cat Other

Date of Birth: _____ Breed: _____ Color: _____

Sex: Male Female Spayed/Neutered: No Yes, Age: _____

What age was the pet obtained? _____ From where? _____

Describe your pet's diet: _____

List your pet's current medications: _____

List any prior surgeries: _____

Prior illnesses: _____

List any symptoms or problems you have noticed with your pet: _____

Is your pet on heartworm, flea, and/or tick mediation? No Yes, Brand: _____

If your pet is a cat, does it go outside? _____

Do you have any other pets at home? If so, please list:

Dog: _____ Cat: _____ Other: _____

AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume full responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICES RENDERED.

Signature of client/owner responsible for pet(s)

Date