



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