

NEW CLIENT INFORMATION SHEET

DATE: _____

OWNER'S NAME: _____ SPOUSE/OTHER: _____

CHILDREN'S NAMES: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER: _____ WORK NUMBER: _____

EMPLOYER'S NAME & ADDRESS: _____

SPOUSE'S/OTHER'S EMPLOYER & ADDRESS: _____

BEST TIME TO CALL: _____

EMERGENCY NAME & PHONE NUMBER: _____

PET'S NAME(S): (1) _____ (2) _____ (3) _____ (4) _____

APPROX. DATE OF BIRTH: _____

___ DOG ___ CAT ___ OTHER

SEX ___ FEMALE ___ SPAYED ___ UNSPAYED

___ MALE ___ NEUTERED ___ UN-NEUTERED

BREED: _____ COLOR: _____

REASON FOR VISIT: _____

HAS YOUR PET BEEN TREATED FOR ANY ILLNESS IN THE PAST YEAR? ___ YES ___ NO

SPECIFY PROBLEM(S), MEDICATION AND DOSAGE, IF KNOWN: _____

PREVIOUS VETERINARIAN(S): _____

HOW DID YOU HEAR OF US: ___ YELLOW PAGES ___ OTHER ___ INDIVIDUAL

WHO MAY WE THANK: _____

LIST THE NAMES & TYPES OF ANY OTHER ANIMALS THAT YOU MAY HAVE: _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT.

SIGNATURE OF OWNER OR RESPONSIBLE PARTY: _____

PLEASE CHECK YOUR PREFERRED METHOD OF PAYMENT: ___ CASH ___ CHECK

___ VISA ___ MASTERCARD

DRIVER'S LICENSE #: _____ STATE: _____

