

NEW CLIENT INFORMATION SHEET

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER \_\_\_\_\_

CHILDREN'S NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #'S: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_

SPOUSE/OTHER'S EMPLOYER & ADDRESS: \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

EMERGENCY NAME AND PHONE NUMBER: \_\_\_\_\_

PET'S NAME(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

APPROX. AGE OR DATE OF BIRTH: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

CHECK ALL THAT APPLY

1 \_\_\_ 2 \_\_\_ 3 \_\_\_ DOG      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ CAT      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ OTHER

SEX 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ FEMALE      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ SPAYED      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ UN-SPAYED

1 \_\_\_ 2 \_\_\_ 3 \_\_\_ MALE      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ NEUTERED      1 \_\_\_ 2 \_\_\_ 3 \_\_\_ UN-NEUTERED

BREED: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

COLOR: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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 AND TYPES OF ANY OTHER ANIMALS YOU HAVE: \_\_\_\_\_

**I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL(S). 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 RESPONSIBLE PARTY: \_\_\_\_\_

PLEASE CHECK YOUR METHOD OF PAYMENT: \_\_\_ CASH \_\_\_ CHECK \_\_\_ VISA \_\_\_ MASTERCARD

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_