



NEW CLIENT FORM

CLIENT INFORMATION – information about you!

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address (for emailing your pet's records) _____

Best Time to Reach You _____

Significant Other's Name _____

Significant Other's Phone Number & Email _____

How would you like to be contacted? Phone email text

Would you like to have access to your pets medical records online? (If 'YES' a email registration will be sent to you that you must fill out within 24 hrs) YES or NO

PET INFORMATION – please list all pets!

Name	_____	_____	_____	_____
Circle One	Canine/Feline	Canine/Feline	Canine/Feline	Canine/Feline
Breed	_____	_____	_____	_____
Color	_____	_____	_____	_____
Birthdate/Age	_____	_____	_____	_____
Circle One	Male / Female	Male / Female	Male / Female	Male / Female
	Neuter/Spayed	Neuter/Spayed	Neuter/Spayed	Neuter/Spayed
Allergies	_____	_____	_____	_____
Diet (Food)	_____	_____	_____	_____

MAY WE USE YOUR PET'S PHOTO ON SOCIAL MEDIA?

(CIRCLE ONE) YES / NO