

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: _____

	<input type="checkbox"/> DOG	<input type="checkbox"/> CAT	<input type="checkbox"/> OTHER
SEX	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SPAYED	<input type="checkbox"/> UNSPAYED
	<input type="checkbox"/> MALE	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> 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: _____

