



## NEW CLIENT INFORMATION FORM

Date: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Number of Pets (please specify type): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your E-mail Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

## PET HEALTH HISTORY

Pet's Name: \_\_\_\_\_ Cat / Dog / Other: \_\_\_\_\_ Record # \_\_\_\_\_  
(office use)  
Male / Female Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Neutered - Spayed: Yes / No Current Medications/Special Diets: \_\_\_\_\_  
Vaccinations and Dates: \_\_\_\_\_  
Medical Problems/Prior Illnesses & Surgeries: \_\_\_\_\_  
\_\_\_\_\_  
Primary Reason for Visit: \_\_\_\_\_  
\_\_\_\_\_

(Please list additional pets on reverse side of this sheet).

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered.

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Welcome Letter \_\_\_\_ Referral Letter \_\_\_\_