

New Client Information Form



Seasonal Resident? Yes No

Date: _____

Name: _____ Email: _____

Permanent Address: _____ City, State: _____ Zip: _____

Seasonal/Alternate Address: _____ City, State: _____ Zip: _____

Primary Phone #: _____ Cell Home Work Secondary Phone #: _____ Cell Home Work

Alternate Contact: _____ Relationship: _____

Primary Phone #: _____ Cell Home Work Secondary Phone #: _____ Cell Home Work

**In order to provide care to your pet, the client completing this form must be 18 years of age or older.
We ask that children under 18 do not bring their pets in for veterinary care without a parent or guardian present.*

How did you learn about our practice? Yellow Pages Hospital Sign Website Previous Client
Newspaper Professional Referral Other: _____

Recent Medical History

Has your pet been examined by a veterinarian within the last year? Yes No

If so, was it for the following: Annual Exam or Medical Condition

If it was for a medical condition, please list reason: _____

Is your pet up-to-date on vaccinations? Yes No I don't know

Most recent Veterinary Clinic and phone number: _____

City, State: _____

Patient Information

	Pet #1	Pet #2
Pet Name		
Species (Dog or Cat)		
Breed		
Description (color)		
Date of Birth or Approx. Age		
Sex (male or female)		
Spayed or Neutered (yes/no)		

**please list any additional pets on the back of this sheet*

Any previous surgery or serious illness? _____

Any known allergies to vaccinations or medications? _____

Is your pet currently on any special diets or medications? _____

How would you like to receive vaccination reminders? (choose all that apply) Email Postal Mail

Do we have your authorization to fax or verbally transfer records to another veterinarian, upon their request? Yes No

Do we have your authorization to provide vaccine history to a boarding/grooming facility, upon their request? Yes No

How do you intend to pay for your visit today? Cash Visa Mastercard Discover American Express Care Credit

Client Signature