



New Client Information Form

Owner(s)

First name: _____ Last name: _____

First name: _____ Last name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Name Cell: (____) _____ Receive Texts? Yes No Name Cell: (____) _____ Receive Texts? Yes No

Email: _____

Would you prefer vaccination, flea treatment, or other reminders via text or email? **Circle one.**

How did you hear about us?

Yelp _____ Google _____ Facebook _____ Yellow Pages _____ Other: _____

Personal Referral _____ (Whom can we thank? _____)

Pet Information

Name: _____

Age/Birthday: _____ Species (cat, dog, etc.) _____

Breed _____ Color _____

Male Female Spayed/neutered? Yes No Has your pet been seen by a veterinarian in the last three years? Yes No

If yes, who? _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what? _____

Has your pet ever had any food or other allergies? Yes No

If yes, what? _____

List any major surgeries your pet has had:

Professional Fee Policy: All fees are to be paid at the time services are rendered or upon discharge from the hospital. Estimates will be provided prior to extensive treatment or hospitalization. For your convenience, we do accept Visa, Mastercard, American Express, and Discover Card.

Method of payment: Cash _____ Check _____ Credit/Debit Card _____

SIGNATURE: _____ DATE: _____