

# New client Information

Date: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

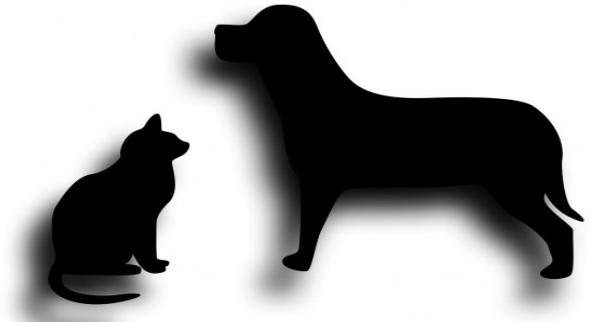
Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Spouse Cell Phone #: \_\_\_\_\_

Additional #: \_\_\_\_\_



## Pets Information:

Pets Name: \_\_\_\_\_

Species (circle one): CANINE / FELINE

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (Circle One) SPAY / NEUTER

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Length of time owned: \_\_\_\_\_

Diet (circle what applies): DRY / CANNED / SEMI-MOIST / RAW. Name of food: \_\_\_\_\_

Outdoor exposure: (circle one): INDOOR ONLY / INDOOR & OUTDOOR / OUTDOOR ONLY.

Prior Veterinarian/Hospitals: \_\_\_\_\_

Other pets in household: \_\_\_\_\_

Allergies known (Circle one): YES / NO If yes please explain: \_\_\_\_\_

Illnesses/Surgeries: (circle one) YES/NO if so please explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Do you have Pet Insurance: (YES / NO) Insurance: \_\_\_\_\_ Do you have a Care Credit card: (YES / NO)

How did you hear about us? \_\_\_\_\_

**Payment is due at the time of service. We accept cash, all major credit cards, care credit, & checks (owner of check must be present with drivers license provided). You may request an estimate of services prior to them being done.**

**Owner of pet must be present or someone over the age of 18 that has authority to make medical decisions.**

**I have read and agree to the above information : \_\_\_\_\_**