



Receptionist \_\_\_\_\_

NEW CLIENT# (office use) \_\_\_\_\_

**About the Owner: Please Print**

Client Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
Last First Last First

Physical Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

**Best** Phone# to reach you: \_\_\_\_\_ or \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_

Please provide a Driver's License # OR another form of Id for Identification purposes.

Driver's License # \_\_\_\_\_ Other Id(not SS#) \_\_\_\_\_

Spouse Work # \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Or Spouse Driver's License \_\_\_\_\_

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

Emergency contact/phone number \_\_\_\_\_

**About the Pet(s): Please Print**

Pet Name \_\_\_\_\_ Circle: Cat Dog Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date/Age \_\_\_\_\_  
Sex Male / Male Neutered Female / Female Spayed

Second Pet \_\_\_\_\_ Circle: Cat Dog Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date/Age \_\_\_\_\_  
Sex Male / Male Neutered Female / Female Spayed

Are your pet's vaccines current? \_\_\_\_\_ Where were they given? \_\_\_\_\_  
Did you bring your pets records or have them faxed? \_\_\_\_\_ May we call for records? \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For confidentiality, this information sheet is shredded after entry in computer.**

**Due to the constant increase in costs we cannot carry balances. Therefore, all services are to be paid for when rendered. A deposit is required toward work done on any animal needing Hospitalization.**