



# NEW CLIENT / PATIENT INFORMATION

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

EMPLOYER \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

HOW DID YOU FIND OUR HOSPITAL? (CIRCLE ONE) INTERNET YELLOW PAGES SIGN MAILER REFERRED NEWSPAPER OTHER

WHOM MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_ COLOR/DESCRIPTION \_\_\_\_\_

MICROCHIP NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ DATE OF LAST VACCINATION \_\_\_\_\_

(CIRCLE ONE) NEUTERED (MALE) SPAYED (FEMALE)

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_ COLOR/DESCRIPTION \_\_\_\_\_

MICROCHIP NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ DATE OF LAST VACCINATION \_\_\_\_\_

(CIRCLE ONE) NEUTERED (MALE) SPAYED (FEMALE)

## For the safety of your pet and our veterinary team, please answer the following questions:

- Has your pet ever attempted to bite, scratch, or shown any other aggressive or fearful behaviors either at home or at a veterinary facility? Yes / No
- Does your pet show signs of anxiety when visiting a veterinary office? Yes / No
- Is your pet's behavior better or worse if he or she is separated from you while being treated? Better / Worse

## PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

PLEASE CIRCLE YOUR METHOD OF PAYMENT

Cash Debit VISA MasterCard American Express Discover Card Care Credit

BIRTH DATE \_\_\_\_\_ DRIVER'S LIC NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_

PERSON PRESENTING THIS PET FOR TREATMENT OTHER THAN OWNER...

NAME (PLEASE PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RELATIONSHIP TO OWNER \_\_\_\_\_

ADDRESS OF NON-OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_

## PREFERRED METHOD OF CONTACT WITH OUR PRACTICE

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TEXT MESSAGE (CELL PHONE NUMBER) \_\_\_\_\_ CELL PHONE PROVIDER \_\_\_\_\_

FAX \_\_\_\_\_