

New Client Form

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

Client Information

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

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

All Fees are Due at The Time Services Are Rendered. We Do NOT Offer In-House Payment Plans.

Please indicate method of payment.

Cash

Check (Must have D.L. on File)

Credit Card (Must have D.L. on File)

Scratchpay (Must have D.L. on File)

Care Credit (Must have D.L. on file)

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex/Spayed or Neutered			

Is your pet: Member of the Family Child's Pet Backyard Pet Working Pet

Name and phone number of clinic where your pet was last seen: \_\_\_\_\_

Name and phone number of clinic that gave vaccinations to pet: \_\_\_\_\_

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Would you like to be present during your pet's physical exam/ vaccinations? Yes No