



New Client Form

First Name(s): _____ Last Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ * Secondary #: _____

E-Mail Address: _____ *

*It is important that we have a cellphone number and email on file in order to send you reminders and communicate with you while your pet is in our care. *

Pet Name: _____ Cat or Dog (Circle One) Breed: _____

D.O.B. or Age: _____

Gender: Male or Female Is your pet spayed/neutered? Yes or No

Color: _____ Any drug/seasonal allergies? _____

Previous Veterinary Clinic: _____

If you have multiple pets, please fill out the information for additional pets on the back of this page.

Do we have permission to take photos of your pet? Yes or No

Do we have permission to post photos of your pet on our Social Media page?
Yes or No

Signature: _____ Date: _____

ALL fees must be paid in full at the time of services. **A DEPOSIT** is required on all pets that must be hospitalized for laboratory tests or treatments.

Pet Name: _____ Cat or Dog (Circle One) Breed: _____

D.O.B. or Age: _____

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Color: _____ Any drug/seasonal allergies? _____

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