

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



## New Client Information Form

We appreciate your confidence in the care we provide for your pet and your family.

Owner's Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Spouse/Partner's Phone Number: \_\_\_\_\_

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

Driver's License # and Issuing State: \_\_\_\_\_

Owner's Birth Date (for outside prescription reasons): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us?

- Referring Veterinarian: \_\_\_\_\_
- Referred By Another Client(*who may we thank?*): \_\_\_\_\_
- Location/Sign  Facebook  Google/Internet  Website  Yellow Pages
- Other: \_\_\_\_\_

**We do not bill. All fees are due at the time that services are rendered.**

We accept Scratchpay, Care Credit, Visa, MasterCard, Discover, and American Express  
As well as cash and personal checks.

*There is the use of peanut butter and peanut products in the hospital.*

**Does anyone in your family have a peanut allergy?**

YES  NO

I give permission for photos and videos of my pet to be used in all forms of social media, including Facebook, Twitter, and YouTube.

YES  NO

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

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



## New Patient Information Form

We appreciate your confidence in the care we provide for your pet and your family.

### Please fill out information about your pet

Name: \_\_\_\_\_ Species:  Dog  Cat  
Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex:  M  F Spayed/ Neutered?  Yes  No

Is your pet currently on Heartworm prevention?  Yes  No Which kind? \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

Previous Medical Conditions/Allergies? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

### Primary Care Information

Primary Care Veterinary Clinic: \_\_\_\_\_

Primary Care Veterinarian's name: \_\_\_\_\_

Clinic Phone number: \_\_\_\_\_