



New Client Form

Owner's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Which Number is the best to reach you? Home phone Cell phone

Can you receive text messages? Yes No

Email: _____

Add a co-owner? Yes No

Co-owner's Name: _____

Co-owner's Home Phone: _____

Co-owner's Cell Phone: _____

Previous Vet: _____

Previous Vet Phone: _____

Pet's Name: _____

Whom should we thank for the referral: _____

Pet Health Information

*Pet's Name: _____

*Sex: Male Female

*Neutered/Spayed? Yes No

*Breed: _____

*Color: _____

*Age/Birthday: _____

Diet and Environment

*What food does the patient currently eat? _____

*Amount & Frequency? _____

*Is your pet on dietary supplements?: Yes No

*If so what kind and what dosage? _____

*Does your pet consume table food? Yes No

If yes, please describe? _____

*Is your pet primarily indoor or outdoor? Indoor Outdoor

*Are there other pets in the household? Yes No

If yes, please describe: _____

**Required*

***Do you have your pet groomed or boarded outside your home?** Yes No

If yes, please describe: _____

Past History

***Has your pet had any prior illnesses, accidents, or surgeries?** Yes No

If yes, please describe: _____

***Is your pet aggressive or fearful around strangers?** Yes No

If yes, please describe: _____

***Is your pet on heartworm, flea/tick preventatives?** Yes No

If yes, how frequently? Yearly Seasonally

***Please list any other medications or supplements your pet receives:**

**Required*

***Does your pet have any known allergies to any medications?** Yes No

If yes, please list:

***Has your pet ever had a reaction to any vaccines?** Yes No

If yes, please list and explain:

***I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal.**

I have read and agree.

***Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media?** Yes No

***I authorize my emergency contact (other than myself) to pursue treatment if I am unavailable. Your emergency contact must be an adult over the age of 18.**

I have read and agree.

**Required*

Emergency Contact: _____

Emergency Contact Phone: _____

Owner's Signature:

Date: _____