



Welcome to Our Practice  
**NEW CLIENT FORM**

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Spouse/Other Employer: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Existing Client: \_\_\_\_\_  Google  Facebook/Social Media  
 Employee: \_\_\_\_\_  Yelp  Phone Book  
 Other Doctor/Hospital: \_\_\_\_\_  Walked/Drove By  Mailer/Postcard  
 Other: \_\_\_\_\_

**PET'S INFORMATION:**

Name: \_\_\_\_\_ Species:  Dog  Cat  Other: \_\_\_\_\_  
Age/Date of Birth: \_\_\_\_\_ Sex:  Female  Male  
Breed: \_\_\_\_\_ Spayed/Neutered  Spayed  Neutered  
Color: \_\_\_\_\_ Where did you get your pet from? \_\_\_\_\_  
List any medications your pet is taking \_\_\_\_\_  
Why are we seeing your pet today? \_\_\_\_\_  
Prior Illness/Surgery/Vaccines \_\_\_\_\_

Name: \_\_\_\_\_ Species:  Dog  Cat  Other: \_\_\_\_\_  
Age/Date of Birth: \_\_\_\_\_ Sex:  Female  Male  
Breed: \_\_\_\_\_ Spayed/Neutered  Spayed  Neutered  
Color: \_\_\_\_\_ Where did you get your pet from? \_\_\_\_\_  
List any medications your pet is taking \_\_\_\_\_  
Why are we seeing your pet today? \_\_\_\_\_  
Prior Illness/Surgery/Vaccines \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for and treat the above pet. I assume responsibility for all charges incurred in the care of the animal. I UNDERSTAND THAT ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_

*Note: red fields are required to complete and save form*