



# NEW CLIENT FORM

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## New Client/Owner Information

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Business #: (\_\_\_\_\_) \_\_\_\_\_

Other Contact: \_\_\_\_\_ Contact #: (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Who may we thank? \_\_\_\_\_

**Pet Information** – Please use the **back** of the page for additional information.

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Pet's Gender:        **MALE**        Neutered? **Yes / No**        **FEMALE**        Spayed? **Yes / No**

Color and Markings: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Additional Pets: \_\_\_\_\_

Reason(s) for Visit: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

**More on the back (optional)**

**I, the undersigned, agree to pay for all services at the time they are rendered.**

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

We accept Cash, Debit, Visa and MasterCard. A \$30.00 fee will be applied to your account for missed appointments or appointments cancelled without sufficient notice. We will provide you with a written estimate of fees for any diagnostics, treatments, surgery or hospitalization. A refundable deposit prior to treatment may be required depending upon the amount of the estimate.



**Last Known Dates (optional) – Please complete as best you can.**

	Pet 1	Pet 2	Pet 3
DA2PP (Dog)			
Bordetella (Dog)			
FCVR (Cat)			
FELV (Cat)			
Routine Blood Panel			
Fecal Exam			
Dentistry			
Drug Allergies			
Major Med. Problems			
Other			

**Additional Pet Information**

List any medical information or concerns you think would be important for us to know.

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