

# New Client Form

Your name \_\_\_\_\_

Spouse/Significant other name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers (please list whose cell – yours/spouse's)

Home \_\_\_\_\_

Your Cell \_\_\_\_\_

Spouse/SO's Cell \_\_\_\_\_

Work \_\_\_\_\_

Email address \_\_\_\_\_

## How did you hear about us?

Outdoor sign

Yellow pages

Web search

Referral from \_\_\_\_\_

Other \_\_\_\_\_

YES! I want to "GO GREEN" and **only** receive my pet's reminders by email.

No thanks, I need the postal reminders.

As a new client, I understand that I assume full responsibility for all services rendered and that payment is due at the time of discharge.

**\*How do you plan to pay today?** (circle one) CASH CREDIT CARD CHECK

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

### Pet #1

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of birth \_\_\_\_\_

Circle one:                      male                      female

Circle if applicable:    neutered                      spayed

#### Vaccination status

Last distemper vaccination \_\_\_\_\_

Last rabies vaccination \_\_\_\_\_

Other vaccinations \_\_\_\_\_

Has your dog been tested for heartworm disease?

Yes No If yes, what year? \_\_\_\_\_

#### Health/history/medications

Please list any health problems or medications we should note in your pet's file:

### Pet #2

Name \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Date of birth \_\_\_\_\_

Circle one:                      male                      female

Circle if applicable:    neutered                      spayed

#### Vaccination status

Last distemper vaccination \_\_\_\_\_

Last rabies vaccination \_\_\_\_\_

Other vaccinations \_\_\_\_\_

Has your dog been tested for heartworm disease?

Yes No If yes, what year? \_\_\_\_\_

#### Health/history/medications

Please list any health problems or medications we should note in your pet's file: