

# Welcome

## New Client Information

Owners' Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_  
Referred By \_\_\_\_\_  
TDL# \_\_\_\_\_ (Copy of Driver's License Required)

## New Pet Information

1. Animals' Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Color \_\_\_\_\_ Microchip # \_\_\_\_\_  
Sex of Pet \_\_\_\_\_ Spayed or Neutered
2. Animals' Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Color \_\_\_\_\_ Microchip # \_\_\_\_\_  
Sex of Pet \_\_\_\_\_ Spayed or Neutered
3. Animals' Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Color \_\_\_\_\_ Microchip # \_\_\_\_\_  
Sex of Pet \_\_\_\_\_ Spayed or Neutered
4. Animals' Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Color \_\_\_\_\_ Microchip # \_\_\_\_\_  
Sex of Pet \_\_\_\_\_ Spayed or Neutered

Name of Last Veterinary Hospital \_\_\_\_\_  
Any Allergic Reactions to medications or vaccines that you know of \_\_\_\_\_

If your pet is having surgery or being dropped off for a medical related issue, you will be required to leave a deposit of \$200.00. I, \_\_\_\_\_, authorize the veterinarian to examine, prescribe for, or treat the above pet/s. I assume full responsibility for all charges incurred in the care of the animal. I understand that these charges must be paid at the time services are rendered or at the time of release from hospital or surgical treatments.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date