



## New Client Form

**Welcome!** We're very pleased you have chosen us for your pet's care. Please complete the information below so that we may ensure accurate record keeping and can better serve you.

**Primary Owner:** \_\_\_\_\_  
**Co-Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_

### Contact Information:

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Co-Owner Cell Phone: \_\_\_\_\_  
Co-Owner Work Phone: \_\_\_\_\_  
Co-Owner Email Address: \_\_\_\_\_

(Skip this section if you do not have an email address)

Are you interested in Companion Pet Care using your email to:

Deliver lab results    Send reminders for yearly exams and vaccines    Other: \_\_\_\_\_

How often do you check your email?    Daily    Weekly    Monthly    Hardly ever

### Tell Us About Your Pet(s):

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_

Special Diet: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies (medications, vaccines, etc): \_\_\_\_\_  
Previous Serious Injury: \_\_\_\_\_  
Previous Serious Surgery: \_\_\_\_\_

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Medications: \_\_\_\_\_  
Allergies (medications, vaccines, etc): \_\_\_\_\_  
Previous Serious Injury: \_\_\_\_\_  
Previous Serious Surgery: \_\_\_\_\_

\*Please use the back of this form for additional pets.

Previous Veterinarian and phone number: \_\_\_\_\_  
Records: If you did not bring records on your pet(s) from your previous veterinarian, please have them fax or mail a copy for our records. Important information includes previous vaccine history, serious surgeries, chronic illnesses, recurrent prescriptions, and bloodwork. Your signature below also gives us permission to collect any records from your previous veterinarian.

### Payment Agreement:

I understand that all fees must be paid at the time services are rendered. In the event the account is turned over for collection, I agree to pay collection fees and interest.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date