



**New Client Form**

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

Owner: \_\_\_\_\_  
(last name, first name, prefix)

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

Spouse (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
(street, city, state, zip)

Phone (home): \_\_\_\_\_ (business): \_\_\_\_\_

(cell): \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Emergency contact (other than owner): \_\_\_\_\_

Species:  canine  feline  avian  exotic

Please specify type of exotic: \_\_\_\_\_

(if your pet is an exotic, please fill out an exotic species information form as well)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Color: \_\_\_\_\_

Sex:  male  female  spayed  neutered

Microchip number (if available): \_\_\_\_\_

Recent vaccine history: \_\_\_\_\_

Medications your pet is currently taking: \_\_\_\_\_

Please list medical problems: \_\_\_\_\_

Does your pet have any allergies (food, medicine, etc)?  yes  no

Reason for visit: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_