**NEW CLIENT FORM**

**Client Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(This is the number you will be contacted with texts/calls regarding your pet)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(This is the email you will be contacted if you mark email as preference below)

We accept Cash, Check, All Major Credit Cards, Care Credit and Scratchpay – Ask about our Wellness Plans to pay monthly for your semi-annual wellness visits!

How did you hear about us?

( ) Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of reminders: \_\_\_\_ Text me! \_\_\_\_ Email me! \_\_\_\_ Call me!

Would you like to receive postcards in the mail when your pet’s vaccines are due? ( ) yes ( ) no

Do you use a pet sitter that might need to bring your pet in? ( ) yes ( ) no

Please include sitter’s name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have pet insurance? \_\_\_\_\_ If yes, what company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Patients:** | **Pet #1** | **Pet #2** | **Pet #3** |
| Name |  |  |  |
| Breed |  |  |  |
| Date of Birth/Age |  |  |  |
| Color |  |  |  |
| Sex (M/F) |  |  |  |
| Spayed or Neutered? (Y/N) |  |  |  |
| Major illnesses or surgeries performed |  |  |  |
| Allergies to food or medications? If so, please list |  |  |  |
| Pet food currently eating |  |  |  |
| Medications currently taking |  |  |  |

May we share your pet’s picture on our social media sites? \_\_\_ yes \_\_\_ no, thank you

May we share your pet’s medical records with other clinics as needed? \_\_\_ yes \_\_\_ no