

New Client & Pet Information Form

Thank you for giving us the opportunity to care for your pet(s)! Please complete the following to the best of your knowledge.

Client Information

Name: _____ Co-Owner's Name: _____

Mobile Phone #: _____ Co-Owner's Mobile Phone #: _____

Work Phone #: _____ Co-Owner's Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Prior Vet Clinic Name: _____ Prior Vet Phone #: _____

How Did You Hear About Us? Website Facebook Drove By Other / Personal Referral

Whom May We Thank? _____

Referring Veterinarian Information

Practice Name: _____

Practice Phone #: _____ Veterinarian Name: _____

Pet Information *(Additional pet information can be added on page 2.)*

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: Male Female Neutered? Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications: _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

Authorization & Digital Communication Consent

I authorize the hospital to release my pet's medical information to other veterinary hospitals, groomers, and kennels, including my phone number if my lost pet is recovered. I acknowledge that conversations during my pet's visit may be recorded for quality assurance and service improvement purposes. I hereby grant the hospital all rights, title, and interest in any photographs, images, videos, or audio recordings of my pet or myself taken during my pet's visit. This includes the use of such materials for promotional purposes, on the hospital's website, and other marketing materials. If the veterinary team determines that immediate treatment is necessary for the health and well-being of my pet, and I or my co-owner are unable to be reached, I consent to the administration of all reasonable treatments recommended. I assume responsibility for all charges incurred for my pet(s) and understand that payment is due at the time services are rendered.

I understand that the hospital offers various forms of digital communication to keep me informed about my pet's health, remind me of upcoming appointments, and share promotions and health tips. By signing below, I authorize the hospital to contact me via email, phone, and/or text message (SMS). I understand that I can opt out of these communications at any time by following the unsubscribe instructions in any communication received.

I confirm that I am 18 years of age or older and legally authorized to consent to veterinary treatment and assume financial responsibility for all services rendered.

Signature of Owner / Agent: _____ Date: _____

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Please add additional pet(s) and their pertinent information below. If you only have one pet, please disregard page 2.

Client Information

Name: _____ Co-Owner's Name: _____

Pet #2 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: Male Female Neutered? Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications: _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

Pet #3 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: Male Female Neutered? Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications: _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

Pet #4 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: Male Female Neutered? Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications: _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____