

## New Client Form

Thank you for allowing us to care for your pet(s). Please take a moment to fill out this form so that we may become better acquainted.

Date \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse/Secondary Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ (Please circle: Home/Cell/Work)

Secondary Phone \_\_\_\_\_ (Please circle: Home/Cell/Work)

Spouse's Phone \_\_\_\_\_ (Please circle: Home/Cell/Work)

Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Exp \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (For your pet(s) reminders!)

How did you hear about us? (Please circle one.)

Drove By

Internet Search

Snap/SD County Shelters

Client Referral (Whom may we thank? \_\_\_\_\_) Other \_\_\_\_\_

Who is your pet's regular veterinarian? (Please circle one.)

Us

None

Other \_\_\_\_\_

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Age/DOB			
Color			
Sex (Fixed?)			
Previous illnesses?			
Allergies?			
Medications?			

**Twenty-four hour observation is not provided for animals left for treatment or surgery. However, they may be treated at the Veterinarian's discretion. By signing below you understand that professional fees are to be paid in full at the time they are rendered and if not paid a finance charge may be accrued.**

For your convenience we accept MasterCard, Visa, Discover, Debit cards, personal checks, and cash.

**Sorry, no American Express.**

Signature \_\_\_\_\_ Date \_\_\_\_\_