

# New Client Sheet

(Information about "the owner")

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

Spouse: \_\_\_\_\_, \_\_\_\_\_  
Last First

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

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Spouse Cell ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

If Necessary May We Contact you at work? Yes or No

Work Phone ( ) \_\_\_\_\_ Spouse Work Phone ( ) \_\_\_\_\_

Driver License # \_\_\_\_\_ Spouse Driver License # \_\_\_\_\_

Who, other than yourself & spouse, is authorized to pick up your  
pets? \_\_\_\_\_

How did you become aware of our clinic? Please Circle.

Yellow Pages	Advanced Pet Care Clinic Signs	
Greyhound Adoption	Billboard	Previous Client
Great Dane Rescue	Web Site	Space City Parent
Second Chance Pets	Yelp	

If Personal Recommendation-Who May We Thank?

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Pet(s) Name, if you know it \_\_\_\_\_

Full Payment is expected at the time services are rendered. This is no reflection on your credit; cash accounts allow us to operate with more economy, thus reducing your cost of treatment. For your convenience, we accept cash, Check, Master Card, Visa, American Express, and Discover.

X \_\_\_\_\_

## Pet Information

Pets First Name: \_\_\_\_\_ ( )Cat  
Pets Last Name: \_\_\_\_\_ ( )Dog  
( )Bird  
( )Rodent  
( )Rabbit  
( )Ferret  
( )Other

Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Altered/Fixed? \_\_\_\_\_

What prior illnesses or surgeries should we know about?

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