



New Client Form

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

Client Information

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Primary Cell Phone: _____

Email Address: _____

**Would you like to receive reminders and updates via email?* Yes No
 (We will not sell or share your email address with anyone else.)

Spouse's Cell Phone: _____

Other Phone: _____ Other Phone Description: _____

How did you choose our practice? Location Website/Online Yellow Pages-Book Yellow Pages – Online
 Grand Rapids Magazine Other _____

Personal Recommendation (Whom may we thank?) _____

	Pet # 1	Pet # 2	Pet # 3
Name			
Species-Dog/Cat/etc.			
Breed			
Date of Birth			
Color			
Sex: Female/Male			
Altered? (Spayed/Neutered)			
Previous Veterinarian			
Date Last Seen			

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

All fees are due and payable upon release of patient. If the patient has to be admitted, a deposit will be required at that time.

Owner's Signature: _____ Date: _____