



New Client Form

Client Information:

Date: ____/____/____

Primary Owner's Last Name: _____ Primary Owner's First Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Email Address: _____@_____

Would you like to receive Email reminders? Y / N

Note: Email is only used for contact purposes

Contact Phone Numbers:

Please provide 2 numbers:

Cell: _____ - _____ - _____ Contact Name: _____

Cell: _____ - _____ - _____ Contact Name: _____

Home: _____ - _____ - _____

Work: _____ - _____ - _____ Contact Name: _____

Would you like to receive text reminders? Y / N

If yes () _____ - _____ Contact Name: _____

How did you hear about us?

Internet Search Drive-by Facebook Yellow Pages

Website Friend _____

Other Veterinarian or Hospital

Authorization:

I hereby authorize the staff of Care Animal Hospital to examine my pet(s) and assume responsibility for all charges associated with their treatment. I understand that all professional fees are due at the time services are rendered.

Signature of responsible party: _____ Date: _____

*The information on this form is strictly confidential and will only be used by this practice.
(Continue to the back of this form for patient information)*

Patient Information:

Pet #1

Name: _____ Birth Date/Approx age _____ Sex: _____ Spay/Neuter? Y / N

Species: _____ Breed: _____ Color: _____

Vaccinations Current? Y / N

Medical records available? Y / N

Please list any other pets in your household

Pet #2

Name: _____ Birth Date/Approx age _____ Sex: _____ Spay/Neuter? Y / N

Species: _____ Breed: _____ Color: _____

Vaccinations Current? Y / N

Pet #3

Name: _____ Birth Date/ Approx age _____ Sex: _____ Spay/Neuter? Y / N

Species: _____ Breed: _____ Color: _____

Vaccinations Current? Y / N

Are you familiar with our Wellness Plans paid for monthly? Y / N

*An estimate of services will be provided upon request.

*In Hospital procedures must be paid for in advance.

(Signature)

(Date)