

New Client Information Sheet

Pet Information

Name: <animal> Species: <species> Breed: <breed> Color: <color>

Birth date/Age: <age> Spayed/Neutered: <sex-name>

Microchip: _____

Previous Veterinary Clinic: _____

Any known Medical Conditions: _____

Client Information

Name: <First-name> <last-name>

Address: <address> City: <city>

Province: <st> Postal Code: <zip> P.O Box _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ Employer: _____

Email Address: _____

Consent to transfer confidential information via email? Y / N

Spouse Information

Name: _____ Cell Phone: _____

Work Number: _____ Employer: _____

Email Address: _____

Consent to transfer confidential information via email? Y / N

In case of an emergency please contact (not owner or spouse)

_____ at _____

Relationship to pet owner _____

Consent to act as Clients Agent? Y / N

Referral

How did you hear about the clinic: _____

SIGNATURE: _____ DATE: _____