

# *NEW CLIENT INFORMATION SHEET*

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Town & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL \_\_\_\_\_ Can we text you? Y N

Can we email your pet's vaccine reminders? Y N

## *YOUR ANIMALS*

Name \_\_\_\_\_ Cat - Dog - Horse - Cow  
Sheep - Goat - Other

DOB \_\_\_\_\_ Sex: Male/Neuter - Female/Spay

Breed \_\_\_\_\_ Color \_\_\_\_\_

## *HEALTH*

o Do you have questions about any of the following:

Vaccinations - Dental - Health - Flea Problems - Heartworms

o Has your pet had any of the following problems:

Allergies - Skin - Behavior Problems - Bad breath/Difficulty Chewing

Previous Veterinarian \_\_\_\_\_

Permission to obtain necessary records: Yes No

I prefer to pay with: Cash - Credit Card - Check ( License Needed)

\*\*\*\*\* How did you hear about us \_\_\_\_\_