

NEW CLIENT INFORMATION

Name _____
last first initial

Address _____

City, state, zip _____

Home phone _____ Work phone _____ Cellphone _____
At which phone number can we most conveniently reach you? (please circle one)

E-mail address _____ Driver's license number _____
(We would you like to send you our quarterly electronic update, WholeVetNotes. You may unsubscribe at any time, and we pledge that we will never share your e-mail address with any other organization.)

Employer _____ Occupation _____

Spouse/partner or co-owner _____

How did you hear about us? _____

** ** ** ** ** ** ** ** ** ** ** ** **

Pet's name _____ Pet's name _____

___ Cat ___ Dog ___ Other (_____)

Breed _____ Sex: M/F Neutered? Y/N

Birth date _____ Color _____

Last rabies vaccination _____

Other vaccinations/dates _____

Any long-term problems? _____

Current medications _____

Any allergic reactions to medications or vaccines?

If so, explain _____

** ** ** ** ** ** ** ** ** ** **

I hereby authorize the veterinarian(s) to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of these animals. I also understand that these charges will be paid at time of service.

Signature of owner _____ Date _____

We accept the following methods of payment: Cash, personal check, debit card, Visa, MasterCard, Discover.

Thank you for your business! We appreciate your trust in us and look forward to working with you.