

NEW CLIENT FORM

NAME _____
First Middle Initial Last

SPOUSE/CO-OWNER _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HM # _____ CELL # _____

EMPLOYER _____ WORK # _____

SPOUSE WORK _____ SPOUSE CELL# _____

EMAIL ADDRESS:
_____ @ _____

PREFERRED METHOD OF CONTACT: E-MAIL HOME CELL

METHOD OF PAYMENT: CASH CHECK DEBIT MC/VISA DISCOVER

PET 1	PET 2	PET 3
NAME _____	NAME _____	NAME _____
SPECIES: DOG/CAT	SPECIES: DOG /CAT	SPECIES: DOG /CAT
BREED: _____	BREED: _____	BREED: _____
COLOR: _____	COLOR: _____	COLOR: _____
AGE: _____ SEX: M/F	AGE: _____ SEX: M/F	AGE: _____ SEX: M/F
Spayed/Neutered _____	Spayed/Neutered _____	Spayed/Neutered _____

Reason for visit _____

How did you hear about us? Phone book, Internet, sign/drive by, personal recommendation, etc.
Who do we thank for their recommendation?

In order for us to release your pet's vaccine history or medical please sign where indicated.
I consent _____ do not consent _____ to my pets vaccine history being released to groomers
and/or
boarding facilities. _____ Owners Signature

I consent _____ do not consent _____ to my pet's records being released to a specialist in the event
my pet needs a referral. _____ Owners Signature