



# New Client Form

## Client Information

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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

Employer's Name \_\_\_\_\_

Business Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Spouse (Significant Other) Information

Name \_\_\_\_\_

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

Employer's Name \_\_\_\_\_

Business Phone \_\_\_\_\_

I certify that I am the owner of the pets in this file and I will be responsible for their medical expenses incurred at Flat Creek Animal Clinic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pet Information

Pet Type \_\_\_\_\_

(Dog, Cat, Bird, etc.)

Name \_\_\_\_\_

Breed \_\_\_\_\_

Description (Color) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Has your pet been spayed or neutered? \_\_\_\_\_

Date of Birth or Approximate Age \_\_\_\_\_

Any past or present medical problems? If so, please explain:

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Do you have a copy of your pet's vaccine history? If not, may we have the name of your previous veterinarian so we may contact them?

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Is your pet taking any medications (currently or in the past) If so, please list:

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How did you hear about us?

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