



New Client Form

Client Information

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Driver license #: _____

Home Phone:(____) _____ Cell Phone:(____) _____

Emergency Contact and Phone Number _____

How did you learn about our clinic? _____

Number of pets: Cats _____ Dogs _____ Birds _____ Other _____

Pet Information

Pet's Name: _____ Dog Cat Other _____

Sex: Male Female Is your pet spayed or neutered?: Yes No

Est. Birthdate/ Age: _____ Breed: _____

Color/Special Markings: _____ Microchip #: _____

What age did you obtain the pet? _____

What kind of food does your pet eat? _____

List any medications your pet is taking: _____

Please list previous vaccine history and previous Veterinary Clinic-Town (type and date last administered):

Do we have consent to share your pet's picture for educational post to our Facebook page or website?
 Yes No

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature _____ Date: _____

Thank you for choosing our clinic to take care of the needs of your pet! -Dr. Dickey and Staff