

## New Client Information Form

*The following confidential information is for hospital records only.*

Today's Date \_\_\_\_\_

Client(Owner) First and Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Your Birthdate (This is required for certain medications) \_\_\_\_\_

Alternative Contact (First and Last Name) \_\_\_\_\_

Alternative Contact Telephone \_\_\_\_\_

Alternative Contact Email \_\_\_\_\_

### *Your Pet's Information*

Pet's Name \_\_\_\_\_ Birthdate/Approximate Age \_\_\_\_\_

Species: Canine/Feline Breed \_\_\_\_\_ Color \_\_\_\_\_

Male / Female Spayed/Neutered? Yes or No

Is your pet currently on any medications? Yes/No Medications: \_\_\_\_\_

Does your pet have any known drug allergies? Yes/No Allergies: \_\_\_\_\_

Does your pet have insurance? Yes/No If yes, who is your pet's provider: \_\_\_\_\_

How did you hear about us? Please circle one: Sign / Social Media / Google / Current Client  
Referred by \_\_\_\_\_

Does your pet have a social media account that we can follow? Yes/No \_\_\_\_\_

May we post photos of your pet on our social media? (Please circle one) Yes No

### *All Fees Are Due and Payable Upon Services*

Method of payment? (Please circle one) Cash Credit Care Credit

I assume financial responsibility for all charges incurred, and agree to pay all charges when rendered or at the time of release of the patient.

Name(Print) \_\_\_\_\_ Signature \_\_\_\_\_

*Download the PetDesk App for easy communication and updates on your pet while they're here for their procedure. You will receive 250 FREE points just for enrolling in our loyalty program, along with 2 points per dollar spent! Points can be used toward services and discounts at your next visit!*

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