



New Client Information Form

Date: _____ **Email Address:** _____
Name: _____ **Spouse's Name:** _____
Address: _____ **City/State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Any Other Important Number(s): _____ **Cell Phone:** _____
Place of Employment: _____ **Best time to reach you:** _____
How did you become aware of our clinic? 1. Location 2. Yellow Pages 3. Newspaper 4. Sign
 5. Personal Recommendation (please provide a name so we know who to thank): _____

How would you describe your pet? Member of the family Child's pet Backyard Pet

Information about your pet(s):

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Species (ex – cat or dog?)			
Breed (ex – golden retriever or lab?)			
Date of Birth			
Color			
Sex			
Spayed or Neutered			
Any previous serious illness or surgeries?			
Any allergies to vaccinations?			
Is your pet on any special diets?			
Has your pet been to a vet in the past 3 years?	YES / NO	YES / NO	YES / NO
Who is your pet's previous vet? (Hospital Name and City)			
Did you bring a medical history?	YES / NO	YES / NO	YES / NO
If you did not bring a medical history, can we call your previous vet to obtain a medical history?	YES / NO	YES / NO	YES / NO

Please be aware that payment is expected in full at time of services rendered. We do not do payment plans or billing. If you are concerned you may have difficulty making a payment please ask to speak to the manager before your appointment begins. We accept Mastercard, Visa, Discover, American Express, Debit Cards and cash. **If you intend to write a check**, please be aware that we require your social security number and date of birth be documented on this form. This form is kept confidential in your file. Shawsheen Animal Hospital reserves the right to release this information to our collections lawyer if there is an outstanding balance left on your account.

_____ Client Signature

_____ Date