



"We Care for Your Pet"

Client ID \_\_\_\_\_

Receptionist \_\_\_\_\_

## NEW CLIENT INFORMATION

### PERSONAL INFORMATION

TODAY'S DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

SPOUSE/OTHER \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PH ( ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**We do not send a lot of marketing emails. Just reminders for appts, vaccinations and the occasional special.**

Notifications for appointments and vaccinations due are generally sent by text or email. If you would also like a mailed postcard, please note here  I want a postcard mailed to me.

### HOW DID YOU HEAR ABOUT OUR HOSPITAL?

WEBSITE ([www.southwestanimal.com](http://www.southwestanimal.com)) \_\_\_\_\_ FACEBOOK \_\_\_\_\_ SIGN/LOCATION \_\_\_\_\_

GOOGLE \_\_\_\_\_ YELP \_\_\_\_\_ REFERRAL \_\_\_\_\_ OTHER \_\_\_\_\_

### PREVIOUS ANIMAL HOSPITAL / VETERINARIAN INFORMATION

NAME OF CLINIC OR HOSPITAL \_\_\_\_\_ CITY/STATE \_\_\_\_\_

MAY WE REQUEST YOUR PET'S HEALTH RECORDS? YES NO PHONE # OR AREA CODE \_\_\_\_\_

### ANIMAL MEDICAL HISTORY

PET INFORMATION	1 <sup>ST</sup> PET	2 <sup>ND</sup> PET	3 <sup>RD</sup> PET
Name			
Species (dog or cat)			
Breed			
Color or Markings			
Approx. age or Date of Birth			
Male, Female, Spay, Neuter			
Length of time owned			
Diet (type of food)			
<b>Vaccines rec'd in past year</b>			

### ALL FEES ARE DUE AT THE TIME OR SERVICE OR WHEN PATIENT IS RELEASED

Upon my request, a written estimate of fees for any treatment, emergency care, surgery or hospitalization will be provided. I understand that a deposit prior to treatment or boarding may be required depending upon the amount of the estimate. If I default on any charges that become due and my account is sent to collections, I agree to pay the 30% collection fee as well.

TREATMENT OF STAFF: At the discretion of the doctors or office managers, your pet will be discharged from our care if you act in an abusive manner to the staff.

SIGNATURE OF OWNER (S) \_\_\_\_\_