



New Client Form

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

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

Name of Spouse or Other persons authorized to make decisions for my  
pet\_\_\_\_\_

Home Address\_\_\_\_\_ Apt/Unit\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip Code\_\_\_\_\_

E-Mail Address\_\_\_\_\_ Driver's License \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Is there an individual we should thank? First\_\_\_\_\_ Last\_\_\_\_\_

Your Phone Numbers

Home\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

Spouse's / Other Phone Numbers \_\_\_\_\_

Pet #1 Name\_\_\_\_\_ Species\_\_\_\_\_

Breed\_\_\_\_\_ DOB/ or Age\_\_\_\_\_ Color\_\_\_\_\_

Is your pet microchipped? (Circle One) Yes No

If so, what is the microchip ID #\_\_\_\_\_

Has your pet been spayed or neutered? (Circle One) Yes No

If so, what facility performed the surgery? \_\_\_\_\_

Sex (Circle One) Male Female

How long have you owned this pet? \_\_\_\_\_ Current Diet\_\_\_\_\_

Where can we obtain previous vaccine and medical records?

Name of hospital or facility\_\_\_\_\_

Telephone Number \_\_\_\_\_

Pet #2 Name \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ DOB/ or Age \_\_\_\_\_ Color \_\_\_\_\_

Is your pet microchipped? (Circle One) Yes No

If so, what is the microchip ID # \_\_\_\_\_

Has your pet been spayed or neutered? (Circle One) Yes No

If so, what facility performed the sugery? \_\_\_\_\_

Sex (Circle One) Male Female

How long have you owned this pet? \_\_\_\_\_ Current Diet \_\_\_\_\_

Where can we obtain previous vaccine and medical records?

Name of hospital or facility \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please read and sign the following. Thank you!

**To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and be free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

*Village Animal Hospital accepts cash, personal checks, Visa, MasterCard, American Express and Care Credit for payment of services.*

**I assume responsibility for all charges incurred in the care of this (these) animal(s). I also understand that these charges are to be paid at the time of release unless other arrangements are made in advance, and that a deposit may be required for treatment and/or surgery.**

Sign \_\_\_\_\_ Date \_\_\_\_\_