

New Client Information Sheet



Client

Name:
Address:
Phone number(s):
E-Mail address:
Other Emergency contact:

Pet

Name:
Breed:
Age:

Is your pet neutered? _____

Veterinary clinic name and last visit: _____

Are his/her vaccinations up to date? _____

Pet Insurance name and policy number: _____

Medical issues/ Allergies: _____

Describe your pet's character and behavior towards other people and animals as best as you can and mention any special issues (e.g. afraid of cars).

Date: _____ Signature: _____