

NEW CLIENT AND PET INFORMATION FORM**Client Information**

Name: _____ Co-Owner's Name: _____

Mobile Phone #: _____ Co-Owner's Mobile Phone #: _____

Work Phone #: _____ Co-Owner's Work Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How Did You Hear About Us? _____ Website _____ Facebook _____ Drove By _____ Other / Personal Referral

Whom May We Thank? _____

Prior Veterinarian Information

Practice Name: _____

Practice Phone #: _____ Veterinarian Name: _____

Pet Information *(Additional pets can be added on page 2)*

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: _____ Male _____ Female _____ Neutered? _____ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

AUTHORIZATION

By submitting this form, I hereby authorize Shane Veterinary Medical Center to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved.

I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that a deposit is required before diagnostics and treatments can be initiated and that payment in full is required prior to discharge of patient from Shane Veterinary Medical Center.

Signature of Owner / Agent: _____ Date: _____



Please add additional pet(s) and their pertinent information below. If you only have one pet, please disregard.

Client Information

Name: _____ Co-Owner's Name: _____

Pet #2 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

Pet #3 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____

Pet #4 Information

Name: _____ Species: _____

Breed: _____ Color: _____

Date of Birth / Estimated Age: _____ Sex: ☐ Male ☐ Female ☐ Neutered? ☐ Spayed?

Heartworm Prevention: _____ Allergies to Vaccines / Medications? _____

Previous Surgery / Illness: _____

Special Diet / Medications / Supplements: _____

Notes: _____