**Providence South Animal Hospital**
3520 Providence Rd S, Waxhaw, NC 28173
(704) 843-0208 · waxhaw.providencevets.com

# 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 Providence South Animal Hospital 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 Providence South Animal Hospital.

Signature of Owner / Agent: _____ Date: _____

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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: _____

_____