



**Spanish Trail  
Animal Hospital**

## **NEW CLIENT FORM**

**We love new clients!**

Thank you for considering our hospital as your pet's provider of veterinary services. We are dedicated to maintaining the health of your pet and look forward to many future years together.

**Please complete this form as fully as possible prior to your first appointment which will help expedite the registration process and give us valuable insight in providing optimal care for your pet(s).**

**Name \***

First

Last

**Email \***

**Daytime Phone \***

**Mobile Phone**

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Co-Owner Name**

First

Last



**Spanish Trail  
Animal Hospital**

**How did you find out about our practice?**

Clinic Location  
Personal Referral  
Internet Search/Website  
Yellow Pages  
Clinic Sign  
Newspaper/Print Media  
Other

**Please use this area to give us any other relevant information about yourself or your family.**

**Pet's Name**

**Species**

**Pet's Breed**

**Pet's Color**

**Pet's Date of Birth or Approximate Age**

**Special Identification (tattoo, microchip, etc.)**

**Pet Sex**



**Previous Veterinary Practice (if any)**

**Previous Veterinarian (if any)**

**Date of last vaccines (if known)**

**What vaccines were given at this time?**

**Is your pet on any medication or supplement?**

Yes

No

**What food does your pet eat?**

Yes

No

**Does your pet have allergies or drug reactions?**

Yes

No

**Are there any current or past medical conditions of what we should be aware of?**

Yes

No

**Please use the following box to give us any other relevant information about your pet.**