

NEW CLIENT INFORMATION

Owner's name: _____ Today's date: _____

Spouse/Partner's name: _____

Home address: _____
(street) (city) (zip)

Cell phone number: _____ Home phone number: _____

Driver's license number: _____ State: _____

Email: _____

HOW DID YOU HEAR ABOUT US? _____

Who may we contact in case of emergency? (Please do not use your own phone number.)

Name: _____ Phone number: _____

PET INFORMATION

Pet 1: Name _____ DOG ___ CAT ___ DOB or approximate age: _____

Breed: _____ Color: _____ Male ___ Female ___ Spayed/neutered? _____

Current on vaccines? YES ___ NO ___ Date of last vaccines: _____

Allergies or any other pertinent medical history: _____

Pet 2: Name _____ DOG ___ CAT ___ DOB or approximate age: _____

Breed: _____ Color: _____ Male ___ Female ___ Spayed/neutered? _____

Current on vaccines? YES ___ NO ___ Date of last vaccines: _____

Allergies or any other pertinent medical history: _____

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE.

SIGNATURE: _____ DATE: _____

*If the emailing process does not automatically start, email this form to
travis.country.vet@gmail.com*