



Amherst Veterinary Hospital

New Client/New Pet Form

Owner Information

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work/Alternate Phone: _____ Which phone number is preferred? _____

E-mail: _____

E-mail address will only be used to contact you about your pet's health and wellness. By providing an e-mail address above you consent to receiving such communications. Addresses are not shared with outside parties.

Spouse/Partner/Secondary Owner Information

First Name: _____ Last Name: _____

Phone Number: _____

Pet Information

Name: _____ Type of Pet (*dog, bird, rabbit, etc.*): _____

Date of Birth (*if known*): _____ Age: _____ Breed/Species: _____

Colour/Markings: _____ Sex: _____ Spayed (female)/Neutered(male): _____

To your knowledge, is your pet up to date on vaccinations? (*dogs, cats, and ferrets only*): _____
If possible, please provide a detailed vaccination history separately

Is your pet microchipped? (*please provide # if known*): _____

Please list any current or previous medical conditions for your pet: _____

Please list any medications or supplements your pet receives: _____

Previous veterinary clinic(s): _____

May we contact your previous clinic to obtain relevant medical history for your pet? YES _____ NO _____

Do you consent to use of photos of your pet on our website and social media (*check one*)? YES _____ NO _____

How did you hear about us? _____
If known, please provide a name so we may thank them for the referral

Thank-you!