



## 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!*