



**New Client Information Form**

\*We respect your privacy, and we keep all of your information confidential

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(street)

Telephone: \_\_\_\_\_  
(primary number) (home) (cell)

Email address: \_\_\_\_\_  
(we use email for communication between you and Animal Care Clinic, and for reminders)

Driver's License: \_\_\_\_\_ (must provide to write checks)

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
(When necessary, is it ok to call you at work? \_\_\_\_\_)

Pet's Name	Dog/Cat	Breed	Color	Date of Birth	Sex	Spay/Neuter?

We are often asked for pet vaccination information from other hospitals, kennels or groomers. We must have your specific permission to release your pet's medical history. Please sign below to give us permission to share with other animal care facilities:

\_\_\_\_\_

Or, you may decline, by signing here: \_\_\_\_\_

Do you allow Animal Care Clinic to publish your pet's photo to social media?

- Animal Care Clinic may take photos of me and/or my pet and share them on social media site or website.  
 Animal Care Clinic may NOT take photos of me and/or my pet and share them on social media sites or website.

**How did you hear about us?**

Friend - Please provide us with your friend's name, so that we can thank them for their referral.

\_\_\_\_\_

Friend - not Animal Care Clinic client

Drive By - I saw your sign

Direct Mailer - Welcome to the neighborhood (New To Area)

My apartment complex. Name: \_\_\_\_\_

Rescue Group: \_\_\_\_\_

Animal Shelter: \_\_\_\_\_

Yellow Pages

Referring Veterinarian. Please write the name of their hospital:

\_\_\_\_\_

Event \_\_\_\_\_

Other: Please specify \_\_\_\_\_

**If you found us online, please choose one of the following:**

Google Search

Yelp.com

Google Ads (sponsored ads that appear at the top of the google search)

YP.com

Google + page and reviews

Pinterest

Facebook

Veterinarians.com or localvets.com

Twitter

Our Website

YouTube

Hospital Blog

Other: Please specify \_\_\_\_\_

*Thank you for completing this form. We look forward to providing your pet with the most progressive, compassionate care possible.*