



## New Client Sheet

### Your information:

<b>Name:</b>		<b>Spouse:</b>
<b>Address:</b>		<b>Postal Code:</b>
<b>Home ph:</b>	<b>Cell ph:</b>	<b>Work ph:</b>
<b>Email Address:</b>		<b>Preferred number for contact:</b>

- Do you want to receive our E-Newsletter?  
 Are you over 65? Ask about our seniors discount!

In providing your email address to us, you hereby accept receiving emails from us directly in regards to your pets. We do not share this with any third parties.

### **Pet Information (Please list all pets in household):**

Name	Breed	Color	Male/ Female	Spayed/ neutered	Date of Birth	Known allergies Medical Conditions

**Please answer the following questions as best as you can so we can have some more information regarding your pet**

When was your pet last vaccinated? \_\_\_\_\_

Is your pet on flea control? YES / NO

If yes- what brand? \_\_\_\_\_

When was the last time your pet(s) were de-wormed \_\_\_\_\_

Do you remember what product? \_\_\_\_\_

What food are you currently feeding your pet? \_\_\_\_\_

How much are you feeding daily? (cups) \_\_\_\_\_

What else do you feed your pet? \_\_\_\_\_

Who was your previous Vet Clinic? \_\_\_\_\_

Have you requested records to be sent over? \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_