



# New Client Form

*Welcome to our hospital!*

Client/Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_ Spouse's Cell \_\_\_\_\_

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1. Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of Birth or Approximate Age \_\_\_\_\_ Gender: Male / Female Spayed or Neutered: Yes / No  
Date of last vaccinations \_\_\_\_\_ Place of last vaccinations \_\_\_\_\_  
Allergies \_\_\_\_\_ Current medications (including heartworm/flea preventative) \_\_\_\_\_

2. Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of Birth or Approximate Age \_\_\_\_\_ Gender: Male / Female Spayed or Neutered: Yes / No  
Date of last vaccinations \_\_\_\_\_ Place of last vaccinations \_\_\_\_\_  
Allergies \_\_\_\_\_ Current medications (including heartworm/flea preventative) \_\_\_\_\_

3. Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Date of Birth or Approximate Age \_\_\_\_\_ Gender: Male / Female Spayed or Neutered: Yes / No  
Date of last vaccinations \_\_\_\_\_ Place of last vaccinations \_\_\_\_\_  
Allergies \_\_\_\_\_ Current medications (including heartworm/flea preventative) \_\_\_\_\_

**\*\*\*Do you give Assumption Animal Hospital permission to obtain your pet's medical records from your pet's previous veterinarian? Yes / No**

How did you hear about us? \_\_\_\_\_

Client/Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

*We are so excited to have you as a new client. Your family pet and their health are our first priority. Thank you for trusting us with their care.*

*Sincerely,*

*Dr. Laura Stock and Staff*