

New Client Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete ALL of the following:

Today's Date: ___/___/___

Primary Contact/Owner:

Mrs. ___ Mr. ___ Dr. ___ Ms. ___ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: (____) _____ Is this: Cell Home Work

Secondary Phone Number: (____) _____ Is this: Cell Home Work

Email (where reminders are sent): _____

Place of Employment: _____

Date of Birth: _____ Driver's License Number: _____

Are you or your significant other a Veteran or active in the Military? Yes No

Additional Contact 1 (Optional):

Name: _____ Relationship to Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: (____) _____ Is this: Cell Home Work

Secondary Phone Number: (____) _____ Is this: Cell Home Work

Email: _____ Authorized to treat pet? Yes ___ No ___ Initial Here: _____

Additional Contact 2 (Optional):

Name: _____ Relationship to Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: (____) _____ Is this: Cell Home Work

Secondary Phone Number: (____) _____ Is this: Cell Home Work

Email: _____ Authorized to treat pet? Yes ___ No ___ Initial Here: _____

Pet Information - Please fill out ALL of the information for ALL of your pets!

<p><u>Pet 1:</u></p> <p>Name: _____</p> <p>D.O.B or Age: _____ Weight (lbs): _____</p> <p>Dog or Cat? Color: _____</p> <p>Breed _____</p> <p>Male or Female? Spayed/Neutered? Yes or No</p> <p>Does your pet bite? Yes No</p> <p>Is your pet microchipped? Yes No Unsure</p> <p>Has your pet ever had a reaction to vaccines or medications? Yes No Unsure/New Pet If yes, to what? _____</p> <p>What are you currently feeding your pet? _____</p> <p>List any pertinent medical info: (previous illness/surgery, meds pet is taking, including heartworm/flea/tick meds): _____</p>	<p><u>Pet 2:</u></p> <p>Name: _____</p> <p>D.O.B or Age: _____ Weight (lbs): _____</p> <p>Dog or Cat? Color: _____</p> <p>Breed _____</p> <p>Male or Female? Spayed/Neutered? Yes or No</p> <p>Does your pet bite? Yes No</p> <p>Is your pet microchipped? Yes No Unsure</p> <p>Has your pet ever had a reaction to vaccines or medications? Yes No Unsure/New Pet If yes, to what? _____</p> <p>What are you currently feeding your pet? _____</p> <p>List any pertinent medical info: (previous illness/surgery, meds pet is taking, including heartworm/flea/tick meds): _____</p>
<p><u>Pet 3:</u></p> <p>Name: _____</p> <p>D.O.B or Age: _____ Weight (lbs): _____</p> <p>Dog or Cat? Color: _____</p> <p>Breed _____</p> <p>Male or Female? Spayed/Neutered? Yes or No</p> <p>Does your pet bite? Yes No</p> <p>Is your pet microchipped? Yes No Unsure</p> <p>Has your pet ever had a reaction to vaccines or medications? Yes No Unsure/New Pet If yes, to what? _____</p> <p>What are you currently feeding your pet? _____</p> <p>List any pertinent medical info: (previous illness/surgery, meds pet is taking, including heartworm/flea/tick meds): _____</p>	<p><u>Pet 4:</u></p> <p>Name: _____</p> <p>D.O.B or Age: _____ Weight (lbs): _____</p> <p>Dog or Cat? Color: _____</p> <p>Breed _____</p> <p>Male or Female? Spayed/Neutered? Yes or No</p> <p>Does your pet bite? Yes No</p> <p>Is your pet microchipped? Yes No Unsure</p> <p>Has your pet ever had a reaction to vaccines or medications? Yes No Unsure/New Pet If yes, to what? _____</p> <p>What are you currently feeding your pet? _____</p> <p>List any pertinent medical info: (previous illness/surgery, meds pet is taking, including heartworm/flea/tick meds): _____</p>

How did you hear about us?

___ Internet Search (circle one if applicable): Google Yahoo Yelp Other: _____

___ Hospital Sign/Drove By

___ Personal Recommendation

Whom can we thank (they receive a \$25 referral credit on their account)? _____

___ Other _____

Photo Consent

I hereby authorize Bluebonnet Riverside Vet the right to take and publish the photos taken of me and/or my pet, for use in their printed publications, social media, website, etc. I release Bluebonnet Riverside Vet (representatives and employees) from liability for any claims by me or any third party in connection with my participation.

___ The above may take photos of me and/or my pet

___ The above may NOT take photos of me and/or my pet

I understand that full payment is due when services are rendered.

Signature _____ **Date** _____