



## **NEW CLIENT & PET INFORMATION**

**Owner's Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

<i>Street Address</i>	<i>(Apt #)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home phone _____	Cellular/pager _____			
Work Phone _____	ext # _____	May we phone you at work? _____		
Spouse/Other Name _____	Phone: _____			
Emergency Contact: _____	Phone: _____	Relationship: _____		
E-mail address _____	May we email you? _____			
How did you hear about us? <input type="checkbox"/> Referral _____ <input type="checkbox"/> Sign/Location <input type="checkbox"/> Google <input type="checkbox"/> Yelp <input type="checkbox"/> Other				

---

## **Pet Information**

**Pet's name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex:** ☐ male ☐ female ☐ spay ☐ neutered

☐ Dog ☐ Cat ☐ Bird ☐ Ferret ☐ Reptile ☐ Other \_\_\_\_\_ **Breed** \_\_\_\_\_

**Color** \_\_\_\_\_ **Current medical problems?** \_\_\_\_\_

**Current medications** \_\_\_\_\_

**Previous Veterinarian(s) for past records** \_\_\_\_\_

**Would you like to be present during your pet's exam/treatments?** \_\_\_\_\_

I authorize the release of veterinary information to Animal Medical Center of the Village representatives.

**(Initial)** \_\_\_\_\_

---

I authorize the release of veterinary information to Animal Medical Center of the Village representatives.

I, the undersigned, certify that I am the owner or authorized agent for the owner of above listed pet(s), and accept full financial responsibility. I accept that full payment for services and products is expected at the time my pet is discharged, and agree to pay all charges associated with these treatments according to the policies set forth by the practice.

**Signature of owner or responsible party:** \_\_\_\_\_

**Print name:** \_\_\_\_\_