



**New Client Check-in Sheet**

**Please Read: For the safety of your animal, yourself, and other, all animals must remain on a leash, in a carrier, or be otherwise restrained.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**All payments are due at the time services are rendered.**

<b>Patient Information:</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>Name:</b>	_____	_____	_____
<b>Breed:</b>	_____	_____	_____
<b>Color:</b>	_____	_____	_____
<b>Sex (F, M, MN, FS):</b>	_____	_____	_____
<b>D.O.B:</b>	_____	_____	_____
<b>Allergies:</b>	_____	_____	_____
<b>Medications:</b>	_____	_____	_____
<b>Previous Illness:</b>	_____	_____	_____
<b>Surgeries:</b>	_____	_____	_____
<b>Special diets:</b>	_____	_____	_____

**Previous veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Clients Information:

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DL: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_

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

(The above information is for check writing purposes)

### Please List Other Authorized Persons : (must be over the age of 18)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

SSN: \_\_\_\_\_ DL: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_

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