

**Haile Plantation Animal Clinic
5231 SW 91st Dr
Gainesville, FL 32608
352-377-6003**

New Client Form

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

Client Name: _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____

Email: _____

All payments are due at the time services are rendered.

Patient Information:

Pet #1

Pet #2

Pet #3

Name: _____

Breed: _____

Sex: _____

Spayed/Neutered: Yes or No

DOB: _____

Allergies: _____

Medications: _____

Previous Illnesses: _____

Surgeries: _____

Special Diet: _____

Previous Veterinarian: _____ **Phone #:** _____

Please let us know how you heard of us: (Please circle one)

North Florida School Days

Gainesville Magazine

Gainesville Homes

Critter

Our Town

Village Journal

Yellow Pages

Website

Word of Mouth

Other: _____

Client Information

Place of Employment: _____ **Phone:** _____

SSN: _____ **DL:** _____

DOB: _____ **Height:** _____ **Gender:** _____

Signature: _____ **Date:** _____

(The above information is for checking writing purposes)

**Please List Other Authorized Persons
(Must Be 18 and Older)**

Name: _____ **Relation :** _____

Address: _____ **City:** _____

Zip: _____ **Phone:** _____

DOB: _____ **SSN:** _____

Signature: _____ **Date:** _____