

The Village Veterinarian

New Client Form

Date _____

Primary Owner

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Work Phone _____ May we contact you at work in case of an emergency?

Where did hear about us? _____ Yes No

Emergency contact name and phone _____

Is this person able to make medical decisions regarding your Pet/s? Yes No

Additional Owners (May make financial/medical decisions for pet(s))

Must be 18 years or older

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Relationship to Primary Owner _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Relationship to Primary Owner _____

Pet Information

Name _____ Sex _____ Spayed/Neutered? Yes No Age _____

Species _____ Breed _____ Color _____

DOB _____ Special Markings _____

Microchipped? No Yes _____ What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

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Additional Pets

Name _____ Sex _____ Spayed/Neutered? Yes No Age _____

Species _____ Breed _____ Color _____

DOB _____ Special Markings _____

Microchipped? No Yes _____ What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

Name _____ Sex _____ Spayed/Neutered? Yes No Age _____

Species _____ Breed _____ Color _____

DOB _____ Special Markings _____

Microchipped? No Yes _____ What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

Name _____ Sex _____ Spayed/Neutered? Yes No Age _____

Species _____ Breed _____ Color _____

DOB _____ Special Markings _____

Microchipped? No Yes _____ What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____