

# New Client Welcome Form

Thank you for giving us the opportunity to care for your pet(s)!

So that we may become better acquainted, please complete the following:

Client Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Additional contact numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Will only be used for hospital related correspondence and medical reminders.*

Pet Name	Dog/Cat Other	Breed/Color	Male/ Female	Spayed/ Neutered	Approx. Date of Birth

Please list any of your pets' major surgeries or medical issues, medications, allergies, etc.:

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Social Media Authorization (please initial):

\_\_\_\_\_ I grant The Pet Connection permission to post my pets' pictures and story on the hospital's website and social media.

Owner's Authorization: I hereby authorize the veterinarian to examine, prescribe for and treat the above described pet(s). I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be PAID IN FULL AT THE TIME OF RELEASE AND A DEPOSIT MAY BE REQUIRED FOR TREATMENT.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Personal recommendation: \_\_\_\_\_ Internet Drive By Other: \_\_\_\_\_