

Account #: _____ Entered By: _____

NEW CLIENT INFORMATION SHEET

Please fill in all information

Owner's Last Name _____ First Name _____

Other Responsible Parties _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail (please provide for e-mail reminders) _____

Driver's License # _____ State _____

(We need a COPY of your driver's license for client verification)

How did you hear about us? _____

Previous Veterinary Clinic _____

FIRST PET

Pet's Name _____

Reason for Visit _____

Species Dog Cat Bird Other _____

Breed _____

Sex Male Female

Spayed or Neutered? Yes No

DOB Month ____ Day ____ Year ____ or Age ____

Color _____

Chip/Tattoo _____

Known Drug Allergies _____

SECOND PET

Pet's Name _____

Reason for Visit _____

Species Dog Cat Bird Other _____

Breed _____

Sex Male Female

Spayed or Neutered? Yes No

DOB Month ____ Day ____ Year ____ or Age ____

Color _____

Chip/Tattoo _____

Known Drug Allergies _____

USE BACK FOR ADDITIONAL PETS



**Lake Brandt
Veterinary Hospital**
We do housecalls, too!