



New Client Information Form

Date: _____ **Email Address:** _____
Name: _____ **Spouse's Name:** _____
Address: _____ **City/State:** _____ **Zip:** _____
Phone Numbers – Please circle your preferred contact number:

Cell: _____ **Home:** _____ **Work:** _____

How did you hear about us? 1.Val Pak 2.Internet 3.Newspaper 4.Saw sign/drive by
 5.Other 7.Personal Recommendation (please provide a name so we know who to thank):

Information about your pet(s):

<u>Patient Information</u>	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>
Name			
Species (cat, dog, ferret, etc.)			
Breed (beagle, domestic shorthair)			
Date of Birth			
Color			
Sex (spayed or neutered)			
Is your pet microchipped?			
Do you have pet insurance?			
If so, which carrier do you have?			
Any previous illness or surgeries?			
Any reaction to vaccinations?			
Has your pet been to a vet in the past 3 years?			
Who is your pet's previous vet? (Hospital name and city)			
Did you bring a medical history?			
If you did not bring a medical history, can we call your previous vet to obtain			

Please be aware that payment is expected in full at time of services rendered. We accept Mastercard, Visa, Discover, American Express, Care Credit and cash. **We do not accept checks.** Shawsheen Animal Hospital reserves the right to release this information to our collections lawyer if there is an outstanding balance left on your account.

- I authorize Shawsheen Animal Hospital to use any photographs taken of my pet for website or social media purposes (we will always ask verbally as well). This applies to all pets on the account, for the lifetime of the pet.

 Client Signature

 Date