



New Client Information Form

Date: _____

Please fill out the following:

Last Name: _____ First
Name: _____

Address: _____

City, State: _____
Zip _____

Phone Number: _____ (Home / Cell /
Work)

Alt. Phone Number: _____ (Home /
Cell / Work)

Email: _____ Preferred Contact Method:
(postcard/email)

Occupation: _____
Employer: _____

How did you hear about us?

Spouse:

Last Name: _____ First
Name: _____

Phone Number: _____ (Home / Cell /
Work)

Alt. Phone Number: _____ (Home /
Cell / Work)

Occupation: _____
Employer: _____

Anyone else (18 years or older) authorized to care for your pet:

Last Name: _____ First
Name: _____

Relationship to
Owner: _____



Phone Number: _____ (Home / Cell /
Work)

Pet Information:

Pet's Name: _____ Species: Dog - Cat -
Other: _____

Birth Date (M/D/Y) or Age: _____ Sex: Female - Male - Spayed/
Neutered

Breed: _____

Color: _____

Second Pet's Information:

Pet's Name: _____ Species: Dog - Cat -
Other: _____

Birth Date (M/D/Y) or Age: _____ Sex: Female - Male - Spayed/
Neutered

Breed: _____

Color: _____