



**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: \_\_\_\_\_