

NEW CLIENT INFORMATION SHEET

Date: _____

INFORMATION ABOUT YOU

Owner #1: _____

Owner #1 Phone: _____

Owner #2: _____

Owner #2 Phone: _____

Home Phone #: _____

Address _____

City _____ State _____ Zip _____

Email address _____

****How do you prefer to receive your pet's vaccine reminders: (circle all that apply)**

Standard Mail Email

Emergency Contact Name: _____

ER Contact Phone #: _____

Please tell us how you found about our clinic:

Referred by (whom may we thank) _____ Previous Client _____

Drove by _____ Yellow Pages _____ Website _____ Other _____

Miami County Vet Clinic loves making pets Facebook famous!! Please give us your permission to share your pet(s) image and story on social media, our website, and other marketing materials with your signature below. Your personal information will never be shared.

Accept: _____

Date: _____

Decline: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, debit/credit cards, checks & Care Credit

PATIENT INFORMATION

Pet #1:

Name: _____
Birthdate: _____
 Female or Male

Breed: _____
Color: _____
 Spayed Neutered

Serious illnesses, surgeries or reactions? _____

Any diet or medications? _____

Pet #2:

Name: _____
Birthdate: _____
 Female or Male

Breed: _____
Color: _____
 Spayed Neutered

Serious illnesses, surgeries or reactions? _____

Any diet or medications? _____

Pet #3:

Name: _____
Birthdate: _____
 Female or Male

Breed: _____
Color: _____
 Spayed Neutered

Serious illnesses, surgeries or reactions? _____

Any diet or medications? _____

Pet #4:

Name: _____
Birthdate: _____
 Female or Male

Breed: _____
Color: _____
 Spayed Neutered

Serious illnesses, surgeries or reactions? _____

Any diet or medications? _____