



# WELCOME - New Client Information Sheet

Thank you for giving us the opportunity to care for your pet(s), please complete the following:

## CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

House Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_  
(State) (Number)

Spouse/Significant Other \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our clinic? Yellow Pages \_\_\_\_\_ Previous Client \_\_\_\_\_ Friend \_\_\_\_\_  
Internet \_\_\_\_\_ Location \_\_\_\_\_ Other \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

**\*\*We do not bill. All fees are due at the time that services are rendered.\*\***  
We accept Care Credit, Visa, MasterCard, Discover, and American Express  
as well as cash and personal checks.

I give permission for photos and videos of my pet to be used in all forms of social media, including Facebook, YouTube and Twitter. \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ (Initial Required) If I neglect to pick up my pet within 10 days of the pickup date and fail to make other arrangements, GBVH assumes that the pet is abandoned and is hereby authorized to take possession of the pet and make any decisions as may be deemed best and necessary for its care.

**I certify that I am the person responsible for authorizing and paying for all medical procedures and expenses for the listed pet(s).**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE FILL OUT INFORMATION ABOUT YOUR PET BELOW:

Name \_\_\_\_\_ Species: Dog / Cat / Other \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex: M / F Spayed/Neutered? Y / N

Is your pet on Heartworm prevention? Y / N What Kind? \_\_\_\_\_

Does your pet have a Microchip? Y / N Where did you obtain this pet? \_\_\_\_\_

Medical Conditions/Concerns/Allergy \_\_\_\_\_

Previous Veterinary Clinic \_\_\_\_\_



## NEW PET INFORMATION

Please complete the following for all new pets we will be seeing today.

Name _____ Species: Dog / Cat / Other _____ Age/DOB _____
Breed _____ Color _____ Sex: M / F Spayed/Neutered? Y N
Is your pet on Heartworm prevention? Y / N What Kind? _____
Does your pet have a Microchip? Y / N Where did you obtain this pet? _____
Medical Conditions/Concerns/Allergies: _____
Previous Veterinary Clinic _____

Name _____ Species: Dog / Cat / Other _____ Age/DOB _____
Breed _____ Color _____ Sex: M / F Spayed/Neutered? Y N
Is your pet on Heartworm prevention? Y / N What Kind? _____
Does your pet have a Microchip? Y / N Where did you obtain this pet? _____
Medical Conditions/Concerns/Allergies: _____
Previous Veterinary Clinic _____

Name _____ Species: Dog / Cat / Other _____ Age/DOB _____
Breed _____ Color _____ Sex: M / F Spayed/Neutered? Y N
Is your pet on Heartworm prevention? Y / N What Kind? _____
Does your pet have a Microchip? Y / N Where did you obtain this pet? _____
Medical Conditions/Concerns/Allergies: _____
Previous Veterinary Clinic _____

**I certify that I am the person responsible for authorizing and paying for all medical procedures and expenses for the above animals.**

Signature \_\_\_\_\_ Date \_\_\_\_\_