



# COMMUNITY PET HOSPITAL



## NEW CLIENT FORM

*Thank you for choosing Community Pet Hospital for your pet's healthcare needs. We are committed to providing the highest quality medicine and service available. It is our privilege to serve you and we will gladly answer any questions you may have regarding your pet's health or our hospitals.*

***Tell us about you:***

**Owner Name:**

**Spouse/Alternate Name:**

**Address:**

**Home Phone:**

**Cell Phone:**

**eMail Address:**

**Emergency Contact Name:**

**Phone:**

**How did you hear about us?**  Client Referral  Internet  Yellow Pages  Other:

**If referred, who may we thank? (Please include first and last name):** \_\_\_\_\_

***Tell us about your pet:***

**Pet's Name:**

Dog  Cat  Other: \_\_\_\_\_

**Age/Date of Birth (approx.):**

**Breed:**

**Sex:**  Male  Female  Neutered  Spayed

**Color/Markings:**

**Has your pet been treated for any illness in the past year?**  Yes  No

**Please specify problem, medications and diagnosis if known:**

**Previous Veterinarian and where medical records could be obtained:**

**Please list names and types of any additional pets:**

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*I hereby authorize the veterinarian to examine, prescribe for and treat the above pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I have read and understand the referral policy, appointment cancelation policy and financial policy.*

**Signature of Owner/Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_