



542 E. Constance Rd.
Suffolk, Va 23434
(757)925-2011

WELCOME - New Client Information Sheet

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip Code: _____ House Phone: _____ Cell Phone: _____

Which would be a primary number? **(Circle One)** Home Cell

Driver's License # _____ Email: _____

Please choose a preferred method of contact: (Circle one) Text Email Phone

Spouse/ Significant Other: _____

Phone(s): _____ Email: _____

Place of Employment: _____ Phone: _____

Emergency contact: _____ Phone: _____

How did you hear about our clinic? Previous Client _____ Friend _____ Internet _____ Location _____

Personal Recommendation (Whom may we thank?) _____ Other _____

****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

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 Age/ Date of Birth: _____

Breed: _____ Color: _____ Sex: M / F Spayed/ Neuter? Y / N

Medical History/ Chronic Illnesses: _____

Name: _____ Species: Dog Cat Age/ Date of Birth: _____

Breed: _____ Color: _____ Sex: M / F Spayed/ Neuter? Y / N

Medical History/ Chronic Illnesses: _____