



538 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: \_\_\_\_\_