



New Patient and Client Information Form

Welcome to Pawsitive Pet Care. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients and their pets with the leading edge of medicine in combination with devoted care, in a constant effort to exceed their expectations. We offer veterinary care, boarding, and grooming for your best friends.

Date: _____

Owner(s) Name(s): _____

Street Address: _____

City: _____ State _____ ZIP _____

Home Phone: _____ Work or Cell: _____

E-mail: _____

How would you like to receive reminders (check all that apply) Email _____ Paper _____ Text _____

SSN or Driver's License: _____

Previous Veterinarian for medical records: _____

How did you become aware of our hospital?

Referred by friend or relative? Whom may we thank? _____

Clinic Sign Previous client Internet Phone Book

Pet's Name	Sex	Species	Breed	Color	Date of Birth or approximate age	Known Allergies?
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				
	<input type="checkbox"/> Intact Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other				

All fees are due at the time services are rendered. Thank you.

For your convenience, we accept cash, MasterCard, Visa, Discover, American Express and Care Credit.

I verify that all the information provided is accurate.

Client Signature: _____ Date: _____