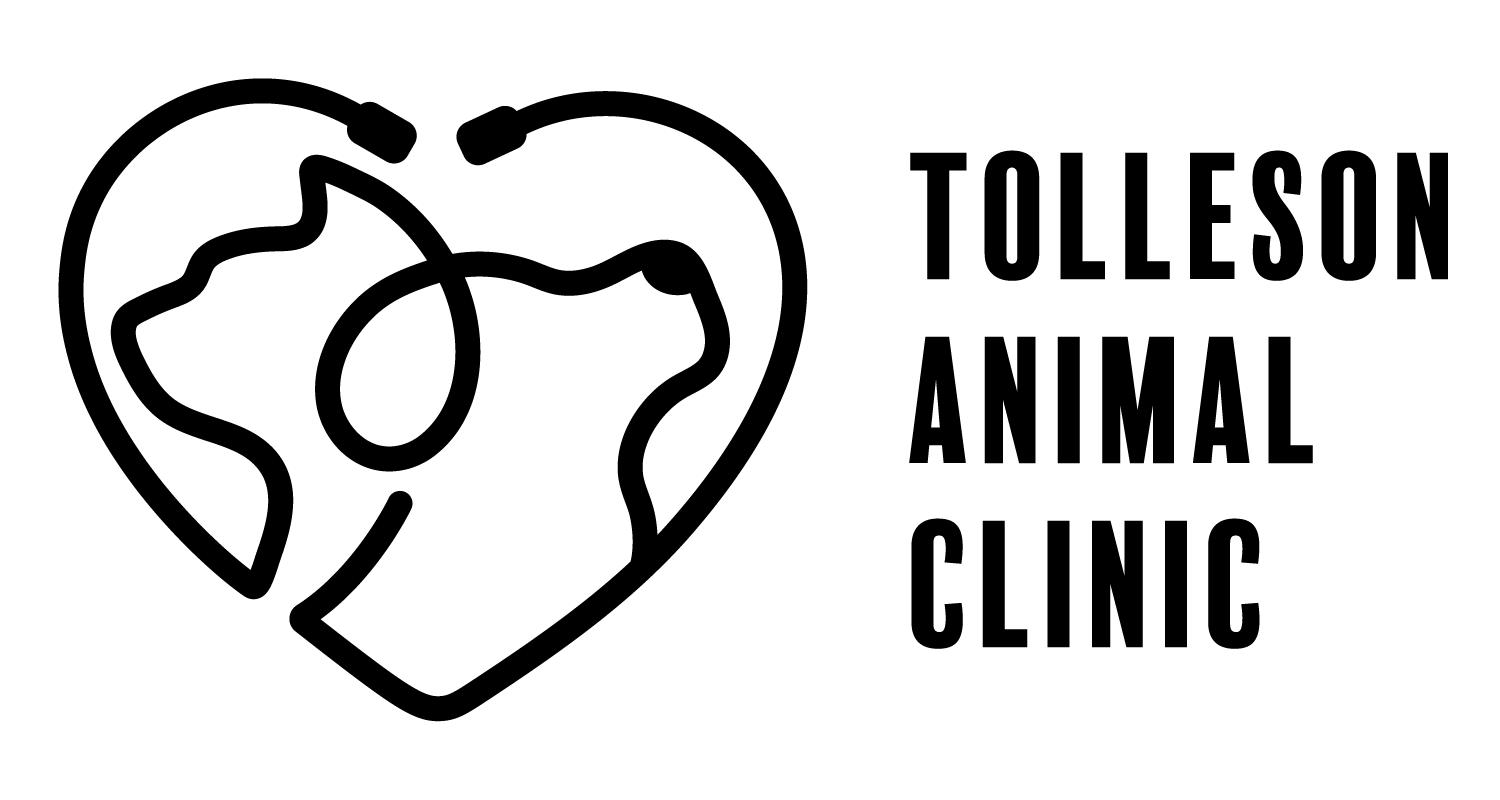
2735 S 99th Avenue Suite G-103

Tolleson, Arizona 85353

Phone:623 936-7387

Fax:623 936-6295

www.tollesonanimalclinic.com

**New Client Information Form**

Owner Information

| Owner / Partner Name: | | | |
| --- | --- | --- | --- |
| Address: | City: | State: | Zip: |
| Phone: Alternate Phone: | | | |
| Email Address: | | | |
| How did you hear about us? | | | |
| Previous Veterinarian: Clinic Name: | | | |

Pet Information

| Pet name: | | Age: □ Weeks  □ Months  □ Years | Breed: | | Color: |
| --- | --- | --- | --- | --- | --- |
| □ Female □ Male | □ Spayed □ Neutered □ Intact | | | Microchip Number: | |

| Reason for Visit: |
| --- |
| □ No Has your pet been diagnosed with any medical condition? If so, what?  □ Yes |
| □ No Has your pet ever had an adverse reaction to any medication, procedure, or vaccine? If so, describe.  □ Yes |
| □ No Is your pet currently taking any medications? If so, what?  □ Yes |

☐Yes My pet may be photographed or videotaped. My pet’s image may be used by TAC for promotional materials including the ☐No website, printed materials, advertisements, press coverage, television coverage, social media, and on the internet.

**I am at least 18 years of age and the owner or authorized contact for this pet**. I authorize the veterinarians and staff to perform examinations, vaccinations, treatments, and other services. I understand there is no guarantee as to results of diagnostics, procedures, or treatments. I also understand that a veterinarian may not be present in the clinic at all times, and that veterinary staff may perform diagnostics and administer treatments under the guidance of the doctor. I acknowledge that payment is due in full at the time services are completed.

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

Office Use Only

| Weight | T: | P: | R: |
| --- | --- | --- | --- |