



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 Name:		Partner Name:	
Address:	City:	State:	Zip:
Phone:		Partner Phone:	
Email Address (we can send you appt reminders, bloodwork results, and a link for your client portal):			
How did you hear about us?		Are you a United Pet Care member? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Previous Veterinarian:		Clinic Name:	

Pet Information #1

Birthdate:

Pet name:	Age: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Breed:	Color:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	Microchip Number:	

Pet Information #2

Pet name:	Age: <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years	Breed:	Color:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Intact	Microchip Number:	

Reason for Visit:

Has your pet been diagnosed with any medical condition? If so, what? ☐ No ☐ Yes

Has your pet ever had an adverse reaction to any medication, procedure, or vaccine? If so, describe. ☐ No ☐ Yes

Is your pet currently taking any medications? If so, what? ☐ No ☐ Yes

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

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 understand TAC does not offer overnight hospitalization and our staff is not available outside of regular hours to attend to hospitalized animals. I acknowledge that payment is due in full at the time services are completed.

Signature _____ Date ____/____/____

Office Use Only

Weight	T:	P:	R:
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