



# New Client Form

## Owner Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Authorized People: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Contact: \_\_\_\_\_ cell work home (circle one)

Secondary Phone Contact: \_\_\_\_\_ cell work home (circle one)

Email: \_\_\_\_\_

Select how you would like your appointment reminders:

Text  Call  Email

Phone # for text or call reminders: \_\_\_\_\_

## Pet Information

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: M / F

Birthday (mm/dd/yy): \_\_\_\_\_

Spayed/neutered: Y / N

Personality Information: (check all that apply)

Animal aggression  Kennel trained

Stranger aggression  Biter

Leash aggression  Anxious

## Medical Information

Vet: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your pet have: (check all that apply)

Diabetic  Seizures

Blind  Skin conditions/sensitivities

Deaf  Chronic ear infections

Epileptic  Anal gland issues

Heart conditions  Dental issues

Kidney conditions

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_