

New Client Information Sheet

Staff: _____ B D EM G



We strive to provide you with vital up to date information regarding your pet's health. Email is a quick and easy method for allowing us to update you, our client. We humbly request an email address for all pet owners so that we may better serve you. All information gathered on this form is for our purposes only. We do not sell any of your personal information for advertising purposes. To protect your confidentiality we shred this sheet immediately after updating our records. In order for us to provide excellent customer service please provide the following information.

We appreciate your business and allowing us to care for your beloved pet.

Thank You,
The Mueller Team

Client Information

Date: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Co-Owner: _____ Contact #: _____

Address: _____ City: _____ Zip: _____

Driver's License #: _____ Date of Birth: _____

Help Us Go Green with Your Email: _____

Place of Employment: _____ Work Phone: _____

Work Address: _____

Emergency Contact: _____ Contact #: _____

How Did You Become Aware of Us? Yellow Pages Client Referral Neighborhood Mailer
Internet/Website Drove By Professional Referral/Other Vet Hospital Community Event

Whom May we Thank for the Referral: _____

Patient Information

| | Pet #1 | Pet #2 | Pet #3 |
|------------------------|----------|---------------|----------|
| Pet Name | | | |
| Breed | | | |
| Age | | | |
| Sex | | | |
| Spayed or Neutered | Yes / No | Yes / No | Yes / No |
| Color | | | |
| Temperament | | | |
| Allergies | | | |
| Previous Vet Hospital: | | Phone Number: | |

I am the owner of said above pet(s) and take full financial responsibility. I understand that all fees are due at the time services are rendered.

Signature of Owner or Authorized Agent