



New Client / Information Update Form

Welcome to our clinic!

CLIENT INFORMATION

Primary Contact Name: _____ Employment: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Spouse / Alternate Owner Name: _____ Cell Phone: _____ Home Phone: _____

Spouse/Alternate Email: _____ Notes: _____

Emergency contact, other than above: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

NEW CLIENTS -> How did you hear about us?/ Whom can we thank? _____

PATIENT INFORMATION (please fill out separate form for each pet):

Pet's Name: _____

D.O.B. / approximate age: _____

Species: DOG CAT Other: _____

Sex: MALE FEMALE

Spayed/Neutered? YES NO

Breed: _____

Color/Markings: _____ Microchip #: _____

My pet lives (check one): INDOORS ONLY MAINLY INDOORS INDOOR/OUTDOOR 50:50 OUTDOORS ONLY

VAX History: (Date/Type): _____

Previous Vet: _____

Current Diet: _____ Current Meds: _____

Any information you feel is pertinent: _____

*I verify that I am **the legal owner of this animal and that I am 18 years of age or older**. I also acknowledge that East Riverside Veterinary Hospital does not bill for fees. Payment is **expected at the time services are rendered**. We accept cash or VISA/Mastercard/Discover/American Express/Carecredit. I grant East Riverside Veterinary Hospital permission to post my pet's picture, story and medical information on social media.*

Signature: _____ Date: _____