

DR. JACK VET SERVICES
NEW CLIENT INFORMATION FORM

Mrs. ___ Mr. ___ Ms. ___ Dr. ___

First name: _____ MI: _____ Last name: _____

Date of birth: _____

Significant other: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Preferred method of contact? _____

How did you hear about us?

Personal recommendation ___ (Whom can we thank? _____)

Other:

I will allow Dr. Jack Vet Services to take pictures of me and/or my pet for public use such as, but not limited to, web content and social media. Yes ___ No ____ (Mark one with an x)

Pet information

Pet 1:

Name: _____ Date of Birth: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male Female

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

List dates and names of most recent vaccinations: _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what?

List any major surgeries your pet has had:

Is your pet kept indoors or

outdoors? _____ Explain: _____

List any behavior problems we need to be aware of:

List any foods and treats you give your pet:

What medications (list name and amounts) is your pet currently taking?

SECOND PET:

Name: _____ Date of Birth: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male Female

Spayed/neutered? Yes No

Does your pet have allergies? Yes No

List dates and names of most recent vaccinations: _____

Has your pet ever had a reaction to vaccines or medications? Yes No

If yes, what?

List any major surgeries your pet has had:

Is your pet kept indoors or

outdoors? _____ Explain: _____

List any behavior problems we need to be aware of:

List any foods and treats you give your pet:

What medications (list name and amounts) is your pet currently taking?

INFORMED CONSENT

I will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED. If full payment is not made as required, Dr. Jack Vet Services has my permission to obtain credit information from an authorized agency to assess my credit worthiness and/or to aid in collection.

Signature: _____ Date: _____

Print name : _____