



New Client Information

Welcome to "Vets in The City". Please help us to provide you and your pet with the best care and attention possible by providing the information requested on this form.

Date:	Client ID:
First Name:	Last Name:
Spouse/Partner: First Name:	Last Name:
Address:	Postal Code:
City:	State:
Phone: Home:	Work:
Cell:	
Email Address:	

How did you hear about "Vets In The City"? Please circle all that apply.

Newspaper: Mobile Hospital Sign: Radio: Neighbor/Friend: Groomer: Adoption Center: Other: _____

Please fill out for all of your pets.

	Pet #1	Pet #2	Pet #3
Name:			
Age:			
Species: dog/cat			
Breed: (kind)			
Color:			
Sex; (M) (M/N) (F) (F/S)			
Weight:			
Allergies?			
Vac Reactions?			

(M) = Male (M/N) = Neutered Male (F) = Female (F/S) = Spayed Female

Method of Payment: (please check all that apply)

Cash _____ Check _____ Visa/MC _____ Amex _____ Discover Card _____

Help pay for your pets care with our referral program

Do you have family or friends who would benefit from our services? We reward clients for referrals with a \$25.00 credit on your account when your referral becomes a new client. Please list below your referrals.

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____