

Welcome to "Sunset Lakes Animal Clinic"
New Client Information Sheet
Please print & fill out completely to your knowledge

OWNER: _____ SPOUSE: _____
(Last name) (First name) (First name)

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: () _____ WORK: () _____

SPOUSE WORK: () _____ BPR: () _____

CELL: () _____ SPOUSE CELL: () _____

OCCUPATION: _____

SPOUSE OCCUPATION: _____

WHOM MAY WE THANK FOR REFERRING YOU: _____

PET INFORMATION

NAME: _____ DOB/AGE: _____ BREED _____

COLOR/MARKING: _____ SEX: M / F

SPAY / NEUTERED _____ DECLAW: Y / N

NAME: _____ DOB/AGE: _____ BREED _____

COLOR/MARKING _____ SEX: M / F

SPAY / NEUTERED _____ DECLAW: Y / N

Previous Veterinarian _____

Does your pet have any current medical problems? _____

What kind of food do you feed your pet? _____ Treats: _____

Is your pet on heartworm medication? Y / N What kind: _____

DL#: _____ E-MAIL: _____

CLIENT SIGNATURE: _____ DATE: _____

*checks and credit cards will not be accepted without a DL#