

JENSEN'S ANIMAL HOSPITAL

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Co- Owners Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Date of Birth* ____ / ____ / ____ Driver's License # _____

E-mail address _____ Cell Phone _____

Preferred Contact Method (Please Circle) HOME CELL WORK TEXT EMAIL

How did you become aware of our clinic? ___ Drove by ___ Yellow Pages ___ Previous Client ___ Other
___ Personal Recommendation (Whom may we thank?) _____

	Pet # 1	Pet # 2
Name		
Breed		
Date of Birth / Age		
Color		
Sex; Spayed/Neutered		
Canine Vaccine History		
Rabies		
DHLPP Parvo		
Bordetella		
Corona		
Lyme		
Heartworm Test/Prevention		
Feline Vaccine History		
Rabies		
FVRCP		
Leukemia		
Leukemia Test		

Authorization:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____