



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 DATE _____

Name _____ Spouse _____

Address _____ City _____ St _____ Zip _____

Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

How did you hear about us? _____

PET INFORMATION

Name _____ DOB/Age _____ Sex _____ Spayed or neutered? Y / N

Species (circle one) Bird Hamster Rabbit Guinea Pig Reptile Ferret Other _____

Breed _____ Color _____ How long have you owned? _____

Where did you get your pet? _____ Do small children have contact? _____

What type of food does your pet eat? _____

If applicable, how often do you feed your pet? _____

Do you feed your pet any vitamin/mineral supplements Y / N What kind? _____

What kind of heat source do you provide for your pet? _____

What temperature do you keep your pets environment? _____

Do you provide Ultraviolet light(UV Lamp)? _____ Natural sunlight? _____

What type of bedding do you have? _____

Do you provide any under cage heat or heat rocks? Y / N _____

Have you had any blood work or X-rays done in the past for your pet? Y / N _____

Are there any prior or current illnesses/health issues regarding your pet that we should know about?

If you have any past records of your pet, please bring them in at the time of exam. If you don't have records, where can we call to get previous records? _____

All charges must be paid in full at the time of service. A deposit may be required for any surgical treatments. We accept cash, check, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, and Care Credit.

Please email the completed form to sgndvm459@gmail.com before your appointment