



# Scott G Nachbar, Veterinarian

459 East Main St  
Springville, NY 14141

Phone: (716) 592-7387  
Fax: (716) 592-9039  
Email: sgndvm459@gmail.com

## 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/Secondary \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Able to receive text messages

Secondary Phone \_\_\_\_\_  Able to receive text messages

Email Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_  Spayed or neutered?

Species  Dog  Cat  Ferret  Hamster  Rabbit  Hedgehog

Reptile \_\_\_\_\_  Bird \_\_\_\_\_  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ How long have you owned? \_\_\_\_\_

Any special considerations:  Used for show  Breeding  Working  Service

Other: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet have any prior records?  No Explain: \_\_\_\_\_

Yes, Adoption Records, I will send them over!

Yes, Another Clinic. They will be sent over from \_\_\_\_\_

*\*If your pet has been seen elsewhere, please request all applicable vaccination information. Exam notes, x-rays and blood work from the last six months should be included in records.*

Sign Below to Acknowledge:

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, America Express, and Care Credit.

X \_\_\_\_\_

Please email the completed form to sgndvm459@gmail.com or complete online before your appointment can be made