



## NEW CLIENT INFORMATION

Welcome to our practice! So that we may become better acquainted with you and your pet(s), and to better serve their medical needs, please fill in the following:

### Owner Information:

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Full Name: \_\_\_\_\_

Alternate Owner/Spouse's Name (if applicable) \_\_\_\_\_

Mailing Address (Box #, Street, City, Postal Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

Work Number: \_\_\_\_\_

**\*\*Best number to reach you at during regular clinic hours: Home / Cell / Work**

E-mail: \_\_\_\_\_ (for when email reminders become available)

### Pet Information:

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1<sup>st</sup> Pet's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle which applies to your pet: Sex: **Female / Male** Spayed/Neutered: **Yes / No / Unknown**

2<sup>st</sup> Pet's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_

Colour/Markings: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle which applies to your pet: Sex: **Female / Male** Spayed/Neutered: **Yes / No / Unknown**

*I hereby acknowledge that payment for all charges incurred while in the care of **Centre Animal Hospital** are expected at the time that services are rendered.*

*Acceptable methods of payment are Cash, Visa, MasterCard and Debit, please note that personal cheques are not accepted.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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#### **Please tell us how you discovered our practice? Thank you!**

Word of mouth/referral.

Who referred you to us? (So we may thank them!) \_\_\_\_\_

Facebook/Social Media

Community Directory

Local Sponsorship

On-site signage/drive by

Radio/TV

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