



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 _____ Co-owner Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Co-owner Phone _____

E-Mail Address _____

Photo Release: I would be happy to have UKVH share photos of my pet(s) and their progress made here at the hospital on their website(s) and general social media.

Please check: Approve _____ Decline _____ Signature: _____

In case we can not reach you regarding your animal, we need information on a close friend or relative

Name _____ Relationship _____ Phone _____

	Pet #1	Pet #2	Pet #3
Name			
Species (dog or cat)			
Breed			
Age			
Color			
Sex; Spayed or Neutered?	/	/	/

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

If your pet has previously been seen by another veterinarian, please provide pertinent records so that we may have all necessary information regarding your pet(s):

Previous veterinarian _____ Phone# _____

I, the undersigned owner or authorized agent of the above admitted patient(s), hereby authorize the doctors of Upper Keys Veterinary Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release.

Signature

Date