

The Village Veterinarian

New Client Form

Date _____

Primary Owner

Last Name _____ First Name _____ MI _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

E-mail _____

May we contact you via text or e-mail for your pet's reminders? Text E-mail Neither

Emergency contact name and phone _____

Is this person able to make medical decisions regarding your Pet(s)? Yes No

Additional Owners (May make financial/medical decisions for pet(s))

Must be 18 years or older

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Relationship to Primary Owner _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Relationship to Primary Owner _____

Pet Information

Name _____ Species: Canine Feline Breed _____

Age _____ DOB _____ Sex _____ Spayed/Neutered? Yes No

Color _____ Special Markings _____

Microchipped? Yes No What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

The Village Veterinarian

Additional Pets

Name _____ Species: Canine Feline Breed _____

Age _____ DOB _____ Sex _____ Spayed/Neutered? Yes No

Color _____ Special Markings _____

Microchipped? Yes No What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

Name _____ Species: Canine Feline Breed _____

Age _____ DOB _____ Sex _____ Spayed/Neutered? Yes No

Color _____ Special Markings _____

Microchipped? Yes No What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

Name _____ Species: Canine Feline Breed _____

Age _____ DOB _____ Sex _____ Spayed/Neutered? Yes No

Color _____ Special Markings _____

Microchipped? Yes No What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____

Name _____ Species: Canine Feline Breed _____

Age _____ DOB _____ Sex _____ Spayed/Neutered? Yes No

Color _____ Special Markings _____

Microchipped? Yes No What food is he/she fed? _____

Food or Drug Allergies? Yes No If yes, _____