

NEW CLIENT FORM



Welcome to Hometown Animal Hospital and thank you for giving us the opportunity to care for your furry family members! So that we may better be able to meet your needs, please complete the following.

Owner Name: _____
 Client Phone: _____
 Email: _____
 Address: _____
 Line 2: _____
 City: _____ State: _____
 Zip Code: _____

Additional Owner Name: _____
 Secondary Phone: _____
 Relation: Spouse
 Significant Other Relative
 Friend Other
 Emergency Contact: _____
 Emergency Phone: _____
 Relationship: _____

Facebook:

- I allow Hometown to post pictures on their Facebook page (Only pet name is mentioned)
- I do NOT allow Hometown to post pictures on their Facebook page

How did you hear about us?

- Driving by / Signage Google Flyer / Paper Advertisement
- Social Media, please list: _____
- Friend / Client / Employee: _____

Hometown Animal Hospital gives a referral credit to use on future appointments

Pet #1 Name: _____ Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat__ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female Breed: _____ Color: _____ Age: _____ years & _____ months or Birthdate: _____ Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pet #2 Name: _____ Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat__ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female Breed: _____ Color: _____ Age: _____ years & _____ months or Birthdate: _____ Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pet #3 Name: _____ Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat__ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female Breed: _____ Color: _____ Age: _____ years & _____ months or Birthdate: _____ Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pet #4 Name: _____ Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat__ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female Breed: _____ Color: _____ Age: _____ years & _____ months or Birthdate: _____ Microchipped: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

I hereby acknowledge the veterinarian & staff to examine, prescribe for, and/or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that any and all charges will be paid for at the time when services are rendered and that a deposit may be required for hospitalization, treatment, and/or surgery.

Signature: _____ Date: _____