

NEW CLIENT INFORMATION

CLIENT NO: \_\_\_\_\_

Please fill out the following:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Other Phone Numbers: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Driver License #: \_\_\_\_\_ Exp: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Driver Lic #: \_\_\_\_\_ Exp: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Spouse's Social Security #: \_\_\_\_ - \_\_\_\_ -

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Date Of Birth: \_\_\_\_\_

How did you select our clinic ( ie - Yellow Pages, Sign, Personal Referral)? \_\_\_\_\_

If referred by one of our clients, please enter name of person who referred you:

\_\_\_\_\_

The Washington Veterinary Clinic will provide vaccination record(s) ( NOT medical records) to another party ( boarding kennels, groomers, other veterinarians, police depts, rescue groups, or private individuals). If you wish to have complete medical records provided to another party, we need written consent from you. We do have a form available upon request.

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PET(S) INFORMATION

#1Pet

Name:\_\_\_\_\_Reg/Tattoo/Chip#:\_\_\_\_\_

Species (Circle) - Dog Cat Bird Other:\_\_\_\_\_

Sex (Circle) - Female Female Spayed Male Male Neutered

Breed:\_\_\_\_\_ Color:\_\_\_\_\_

Date of Birth: Month\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_

#2PetName:\_\_\_\_\_Reg/Tattoo/Chip#:\_\_\_\_\_

Species (Circle) - Dog Cat Bird Other:\_\_\_\_\_

Sex (Circle) - Female Female Spayed Male Male Neutered

Breed:\_\_\_\_\_ Color:\_\_\_\_\_

Date of Birth: Month\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_