

## New Client Information Form

Today's Date \_\_\_/\_\_\_/\_\_\_

Welcome! We would like to thank you for allowing us the opportunity to care for your pet! In order for us to better serve you and meet your pets' specific needs, please take a few minutes to fill out this form.

### Owner Information

Mrs. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_)-\_\_\_\_-\_\_\_\_

How did you hear about us?

Saw us around town: \_\_\_ Website: \_\_\_ Yelp: \_\_\_ Facebook: \_\_\_ Recommendation: \_\_\_\_\_

Other: \_\_\_\_\_ If recommended, whom do we thank? \_\_\_\_\_

Number of Pets: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (Please Specify): \_\_\_\_\_

Reason for your visit today: \_\_\_\_\_

### Pet Information #1

Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_

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

Male: \_\_\_ Female: \_\_\_ Spayed/neutered? Yes: \_\_\_ No: \_\_\_

Does your pet have any allergies? Yes: \_\_\_ No: \_\_\_

Has your pet ever had a reaction to any medications or vaccines? Yes: \_\_\_ No: \_\_\_

If yes, to what medication or vaccine? \_\_\_\_\_

Please list your pet's current medications: \_\_\_\_\_

Please list any major surgeries your pet has had: \_\_\_\_\_

Please list any behavior problems we need to be aware of: \_\_\_\_\_

Please describe your pet's diet: \_\_\_\_\_

## Pet Information #2

Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_

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

Male: \_\_\_ Female: \_\_\_ Spayed/neutered? Yes: \_\_\_ No: \_\_\_

Does your pet have any allergies? Yes: \_\_\_ No: \_\_\_

Has your pet ever had a reaction to any medications or vaccines? Yes: \_\_\_ No: \_\_\_

If yes, to what medication or vaccine? \_\_\_\_\_

Please list your pet's current medications: \_\_\_\_\_

Please list any major surgeries your pet has had: \_\_\_\_\_

Please list any behavior problems we need to be aware of: \_\_\_\_\_

Please describe your pet's diet: \_\_\_\_\_

## Pet Information #3

Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_

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

Male: \_\_\_ Female: \_\_\_ Spayed/neutered? Yes: \_\_\_ No: \_\_\_

Does your pet have any allergies? Yes: \_\_\_ No: \_\_\_

Has your pet ever had a reaction to any medications or vaccines? Yes: \_\_\_ No: \_\_\_

If yes, to what medication or vaccine? \_\_\_\_\_

Please list your pet's current medications: \_\_\_\_\_

Please list any major surgeries your pet has had: \_\_\_\_\_

Please list any behavior problems we need to be aware of: \_\_\_\_\_

Please describe your pet's diet: \_\_\_\_\_

## Authorization

I hereby authorize A Mobile Vet / Dr. Michael Wiekamp, veterinarian to examine, prescribe for, or treat the above described patient. I understand that payment is required at the time of service and assume responsibility for all charges incurred in the care of the animals.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

For your convenience, we accept MasterCard, Visa, American Express, Cash, Venmo, or Check (with a valid driver's license). Please check your preferred method of payment:

Cash: \_\_\_ Check: \_\_\_ Debit/Credit \_\_\_ Venmo: \_\_\_

*(Please make Checks Payable to: A Mobile Vet)*