



# McDowell Mountain ANIMAL HOSPITAL

"Gentle, compassionate, quality care for cats and dogs"



## New Client Form

What is Your Pets Name? \_\_\_\_\_

Reason for Today's Visit? \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

LAST FIRST Middle Initial

**Co-Owner Name:** \_\_\_\_\_

LAST FIRST Middle Initial

**Home Address** \_\_\_\_\_ **Apt#** \_\_\_\_\_

**City:** \_\_\_\_\_ **St.** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PHONE NUMBERS:** HOME ( ) \_\_\_\_\_ - \_\_\_\_\_ CELL ( ) \_\_\_\_\_ - \_\_\_\_\_

WORK ( ) \_\_\_\_\_ - \_\_\_\_\_ OTHER ( ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Please support our efforts to be paperless by providing your email address

**PET INFORMATION:**

**Species:** DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Birthday or Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Please Circle:** Gender: Male Female **Is Your Pet Spayed/Neutered?** YES NO

**Microchip:** YES NO

**List any Medications:** \_\_\_\_\_

**List any Allergies:** \_\_\_\_\_

**List any health problems** \_\_\_\_\_

**PREVIOUS VETERINARIAN:** Hospital/Clinic Name \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**How did you hear about our Hospital?** \_\_\_\_\_



**Refer a Friend and Receive a \$10 Certificate good towards Future Services!**

**OFFICE FINANCIAL POLICY**

Payment in full is due at time your pet is discharged from McDowell Mountain Animal Hospital. At your request, we will provide a written estimate of charges for the care of your pet. By signing this I authorize the doctors to perform treatment for my pet. I assume responsibility for all charges incurred in the care of this animal.

**Owner/Agent Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_