



# Village Animal Hospital

## New Client Information Form

Welcome to Village Animal Hospital! Thank you for giving us the opportunity to care of your pet. Please help us meet your needs better by taking a moment to complete both parts of this information sheet.

YOUR NAME: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of EMERGENCY, please call: \_\_\_\_\_

How did you learn about our hospital? Referred By? \_\_\_\_\_

Previous Veterinarian Information: \_\_\_\_\_  
Name Phone Number

Please list individual pet information below:

	Pet #1	Pet#2	Pet #3
Name	_____	_____	_____
Cat or Dog?	_____	_____	_____
Breed	_____	_____	_____
Color	_____	_____	_____
Age	_____	_____	_____
Date of Birth	_____	_____	_____

CONTINUED ON BACK →

Pet#1

Pet #2

Pet #3

Sex/Altered? \_\_\_\_\_

Microchip # \_\_\_\_\_

Allergies?  
Meds/Vaccines \_\_\_\_\_

Current  
Medications \_\_\_\_\_

Special Diet \_\_\_\_\_

Prior Illness  
Or Accidents \_\_\_\_\_

Prior Surgery/  
Dentals \_\_\_\_\_

Please list any other information we should have to best assist you and your pets:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES UPON REQUEST PRIOR TO APPOINTMENT.

We accept cash, debit card, VISA, MasterCard, Discover and Care Credit.

I UNDERSTAND PAYMENT IS DUE WHEN SERVICES ARE RENDERED AND DEPOSITS MAY BE REQUIRED ON PETS THAT ARE ADMITTED TO THE HOSPITAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date