

New Client Information Form

Please check one: New Client _____ Returning Client, New Pet _____ Phone No. In Case of Emergency: (____)____-_____

Name: _____ Email: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Cell Phone: (____)____-____ Home Phone: (____)____-____ Work Phone: (____)____-____ Employer: _____

Name of Spouse: _____ Spouse Cell No.: (____)____-____
Last First Middle Initial

Spouse's Employer: _____ Work No: (____)____-____

How did you hear about Benson Animal Hospital? Please circle: Search Engine Website Family/Friend Other: _____

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Pet No. 1

Pet No. 2

DOB: _____

DOB: _____

Breed: _____

Breed: _____

Name: _____

Name: _____

Circle: Canine Feline

Circle: Canine Feline

Neutered: Y N Sex: M F

Neutered: Y N Sex: M F

Color: _____

Color: _____

Date of Last Rabies: _____

Date of Last Rabies: _____

Date of Last Yearly Boosters: _____

Date of Last Yearly Boosters: _____

Place Vaccines Were Given: _____

Place Vaccines Were Given: _____

Current Medications, if any: _____

Current Medications, if any: _____

Reason for Visit: _____

Reason for Visit: _____

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I hereby authorize the veterinarian to examine, prescribe for, or treat the pet(s) described above. I assume responsibility for all charges incurred in the care of this animal hospital. I also understand that these charges will be paid at the time of the release and that a deposit may be required for treatment.

Method of Payment: () Check () Visa/Mastercard () Cash () Other, please specify: _____

Signature: _____