

WELCOME TO LITTLE RIVER VETERINARY CLINIC

NEW CLIENT INFORMATION SHEET

Please fill out the following information.

Name of owner _____ other owner _____

Street address _____ City _____

Zip _____ Home phone _____ work phone _____

Other work phone (please specify whose) _____

SS# OR DL# _____ EMAIL ADDRESS _____

In case of an emergency: Name _____

Phone _____

How did you become aware of our hospital? () Drove by () Yellow pages () PetLand

() Personal recommendation (from _____)

() Other (specify _____)

PET INFORMATION

NAME
BREED
SEX
DOB
COLOR/MARKINGS
SPAYED/NEUTERED?
HEARTWORM PREVENTION?
MEDICATIONS?

When and where was your pet's last visit to the veterinarian? _____

Payment policy: All fees are due when services are rendered, and must be paid in full before an animal can be released from the hospital. We accept cash, checks, VI SA, MasterCard, AMEX, and Discover.

Signature of owner or authorized agent

Date