

Thurman Veterinary Center

New Client Form

Client Information

Date _____ Social Security#: _____ DL#: _____
Owner's Name _____ 2nd Name on Account & Relation _____
Address _____ City _____ State _____ Zip _____
Cell Phone# _____ Home Phone # _____ Work # _____
Email Address: _____ Owners D/O/B (we need this in case your pet ever
needs a medication) _____ Employer's Name & Address _____
Primary reason for visit: _____
Name of Previous Veterinarian: _____

Pet Information

	Pet #1	Pet #2	Pet #3
Name			
Dog/Cat?			
Breed			
Color			
Date of Birth/Age			
Sex			
Spayed/Neutered?			
Date Vaccines last given			
Current Medications			
Current Health Concerns			
Pets Diet			

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE AT THE TIME SERVICES ARE RENDERED.**

Signature of client responsible for pet(s) _____ Date: _____