



*"Where a Healthy Pet is a Happy Pet"*

## **New Client Form**

Welcome to Happy Pets Animal Hospital!  
Our aim is to provide the best healthcare for our patients and service to our clients.

Owners Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about our hospital?

Website [ ]      Referred [ ]      Location [ ]      Other [ ] \_\_\_\_\_

### **Patient Information**

Type of pet \_\_\_\_\_ How many animals? \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_

Birthdate \_\_\_\_\_ Neuter/Spayed? \_\_\_\_\_

Microchip# \_\_\_\_\_ Last Vaccines \_\_\_\_\_

Does your pet have any known allergies? \_\_\_\_\_

Is your pet on any medication? \_\_\_\_\_

**We accept cash, cheque (with cheque card), visa and master card. Accounts must be paid in full on the day of service/ discharge of your pet.**

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for giving us the opportunity to care for your pet.**