

**NEW CLIENT INFORMATION-CLEARVIEW ANIMAL HOSPITAL, PC**

Date \_\_\_\_\_

Client Full Name: \_\_\_\_\_  
Last First Middle

Spouse Full Name: \_\_\_\_\_  
Last First Middle

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Spouse Cell Phone: \_\_\_\_\_

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

\*If self-employed, write in business name \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*If self-employed, write in business name \_\_\_\_\_

Emergency contacts and alternate numbers to reach you: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

Method of Payment: Cash  Check  Credit/Debit Card

Driver's license # \_\_\_\_\_ exp. \_\_\_\_\_

**\*\*\*Please note: You are responsible for payment at time of service.\*\*\***

**PATIENT INFORMATION:** Continue on the back for additional pets.

Pet 1 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No

Pet 2 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No

Pet 3 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No

Pet 4 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No

Pet 5 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No

Pet 6 Name: \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: Male  Female  Altered? Yes  No