

# Veterinary Care Clinic

## New Client Information Questionnaire

Last Name:

First Name:

Address:

E-Mail Address:

Phone numbers: Primary: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

Besides you, are there any other parties who are authorized to make medical and financial decisions about your pet(s)? Yes/No

If yes, Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Pet(s) name and breed:

-

-

-

Do we have permission to share your pet(s)' picture on our website and social media platforms? Yes No

Do we have your permission to send you one way text messages regarding your pet's upcoming appointments and medical updates? Yes No

Signature:

Date: