



Date \_\_\_\_\_

### New Client Information Form

Welcome to Sun City Animal Hospital. Our staff is dedicated to the optimum in patient care and will do their utmost to make sure your pet's stay is pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us the following information.

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone numbers (please list preferred number 1<sup>st</sup>):

1<sup>st</sup> \_\_\_\_\_ Circle Type: Cell Home Other

2<sup>nd</sup> \_\_\_\_\_ Circle Type: Cell Home Other

3<sup>rd</sup> \_\_\_\_\_ Circle Type: Cell Home Other

How did you hear about our practice?  Google  Yelp  Website  Driving By

Other \_\_\_\_\_  Personal Recommendation  
(Whom can we thank?): \_\_\_\_\_

**Patient Information:**

|                  | Pet #1           |                  | Pet #2           |                  | Pet #3           |                  |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Name             |                  |                  |                  |                  |                  |                  |
| Breed            |                  |                  |                  |                  |                  |                  |
| Date of Birth    |                  |                  |                  |                  |                  |                  |
| Color            |                  |                  |                  |                  |                  |                  |
| Sex (Circle)     | Female<br>Spayed | Male<br>Neutered | Female<br>Spayed | Male<br>Neutered | Female<br>Spayed | Male<br>Neutered |
| Last Vaccination |                  |                  |                  |                  |                  |                  |

Last animal hospital used: \_\_\_\_\_ Number: \_\_\_\_\_

Any previous illness or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Do you have pet insurance? \_\_\_\_\_ If so, list name \_\_\_\_\_

I authorize members of Sun City Animal Hospital staff to administer medications/treatments to my pet(s) based on veterinarian instructions. Finance charges will be assessed to all overdue balances.

\_\_\_\_\_  
Client Signature

Entered by: \_\_\_\_\_