



# New Client Information Form

Welcome to the Princeton Animal Hospital! Our staff is dedicated to providing optimum patient care and will do their very best to make your pet's visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or to discuss our policies within the clinic and hospital.

Please provide the following information so we can get to know you better!

Name \_\_\_\_\_ Spouse/Partner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse/Partner's Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### HOW DID YOU CHOOSE OUR PRACTICE?

Don't forget to mention anyone who we may thank! \_\_\_\_\_

Patient Information	1 <sup>st</sup> Pet	2 <sup>nd</sup> Pet	3 <sup>rd</sup> Pet
Name			
Breed			
Date of Birth			
Color			
Sex	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/>	Female <input type="checkbox"/> Spayed <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/>
Previous Veterinarian Info	Doctor's Name	Hospital	Phone

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

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

Do you have pet insurance? Yes / No If no: Would you like to learn more about pet insurance? Ask a team member!

If yes: What company are you with? \_\_\_\_\_ If you bring in a blank claim form, we can keep a copy on file so we can submit this for you at each visit!

All payments are due at the completion of services rendered. Any special arrangements will have to be made with the owner. Finance charges will be assessed to overdue balances.

Date: \_\_\_\_\_ Signature of Owner or Agent \_\_\_\_\_

*Thank you for choosing the Princeton Animal Hospital!*