

FOUR PAWS @ FOUR POINTS

NEW CLIENT CHECK-IN

CLIENT INFORMATION:

Last Name: _____ First Name: _____ Mr(s)/Other: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home number: _____ Cell: _____

Work: _____

Which number is preferred? Home: ___ Cell: ___ Work: ___

E-Mail: _____

Additional Contact:

Spouse/Partner name: _____ Spouse/Partner phone #: _____

May we use photos of your pet on social media sites such as Instagram, Facebook, or our website?

(your name would never be used) Yes: ___ No: ___

How did you find out about us?

___ Saw Hospital Driving By ___ Individual –Whom may we thank _____

___ Other: _____

I authorize the release of my pet's vaccine records only to groomers, boarding facilities, and/or pet adoption centers.

Signature: _____ Date: _____

PATIENT INFORMATION:

Pet #1

Name: _____ Sex: _____ Birthday/Age: _____

Cat or Dog? _____ If cat, does it go outdoors? _____ Breed: _____

Does pet have microchip? Y__ N__ Spayed/Neutered ? Y__ N__ Color: _____

Pet #2

Name: _____ Sex: _____ Birthday/Age: _____

Cat or Dog? _____ If cat, does it go outdoors? _____ Breed: _____

Does pet have microchip? Y__ N__ Spayed/Neutered ? Y__ N__ Color: _____

Pet #2

Name: _____ Sex: _____ Birthday/Age: _____

Cat or Dog? _____ If cat, does it go outdoors? _____ Breed: _____

Does pet have microchip? Y__ N__ Spayed/Neutered ? Y__ N__ Color: _____