



NEW CLIENT INFORMATION SHEET

WELCOME!

We look forward to providing you with all of your pet's healthcare needs. Please don't hesitate to ask us any questions. We provide medical care, preventative medicine, surgery, boarding, and bathing.

Last Name	First Name	Spouse
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Street Address	City, State	Zip
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Cell Phone	Home Phone	Work Phone	Other Phone
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Driver's License #	Employer	Email (for reminders)
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PET'S NAME	COLOR	BREED	D.O.B. Or AGE	Sex	Neut/ Spay?	ALLERGIES	MEDICAL ISSUES OR MEDICATIONS	DATE OF LAST VAX

Previous Veterinarian : _____ Phone number : _____

Reason for today's visit : _____

Doctor Preference : _____

My pets are (Please check all that apply):

- family pets
 show animals
 sporting/hunting animals
 indoor only (cats)
 outdoor only (cats)

How did you hear about us?

- drove by
 phone book
 Facebook
 Website
 Yelp
 other _____

referred by: _____

Metro Paws Animal Hospitals

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