



BORASH

VETERINARY CLINIC

NEW CLIENT FORM

Owners Name: _____

Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Primary Contact Phone #: _____ Home Cell Work

Secondary Contact: _____ Home Cell Work

Alternate Contact: _____ Home Cell Work

Email Address: _____

Providing your email address allows us to communicate important information to you and allows you set up a Pet Portal to log into your pet's medical account and request appointments, medication refills, print vaccine history for boarding/grooming, and ask general questions through e-mail.

HOW DID YOU HEAR ABOUT US?

- Internet Drove/Walked By Phone Book
- Postcard Facebook Four Seasons Pet Resort
- Yelp Other Hospital/Doctor: _____
- Client: _____ Employee: _____
- Other: _____

PET INFORMATION:

Pet's Name: _____ Species: Dog Cat Ferret Other: _____

Breed: _____ Purebreed OR Mixed Breed (Shorthair/Longhair)

Color: _____ Markings: _____

Date of Birth: _____ Exact or Estimated

Sex: Male Female Has your pet been spayed or neutered? Yes No

Microchip Number: _____

Previous Medical History: _____

Where did you get this pet? _____

Reason for today's visit: _____