



# 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: \_\_\_\_\_