

NEW CLIENT FORM	
Client Name:	
Spouse/Partner:	
Address:	
City:	State: Zip:
Client Email:	
Primary Phone #:	Secondary Phone #:
Spouse/Partner Phone #	Emergency Contact #:
We believe in being Gre	en, therefore our correspondence & reminders will be sent via email or text
PET INFORMATION *Please bring to yo	our appt or email all previous medical history to Frontdesk@borashvet.com*
Pet #1 Name:	Species: Dog Cat Ferret Other
Breed:	Feline: Shorthair Longhair
DOB/Age:	Sex: Male Female Neutered/Spayed? Yes No
Color/Markings:	Microchip Number:
	Species: Dog Cat Ferret Other
	Feline: Shorthair Longhair
	Sex: Male Female Neutered/Spayed? Yes No
Color/Markings:	Microchip Number:
you to request an appointmen	artnered with Pet Desk to provide a FREE application for your smartphone or tablet that allows t 24/7, receive appointment reminders, see vaccine status, refill medications and receive text nload the App today from the Apple or Google store or ask our team to email or text the link!
Consent to use photograph Veterinary Clinic's Social M	ns or images of my pet is given by the undersigned for use on Borash edia Sites. Yes No
HOW DID YOU HEAR ABOUT US?	☐ Google ☐ Facebook/Instagram ☐ Yelp ☐ Drive/walk by
	☐ Four Seasons Pet Resort ☐ Friend/Family Referral:
I am the guardian and/or agent	SHIP & CONSENT ACKNOWLEDGEMENT OF PAYMENT POLICY tof the above patient(s) and have the authorization consent for treatment, if & when it is needed. will pay for all services rendered and products purchased.
Signature	Date