



NEW CLIENT FORM

WELCOME to our practice! We're pleased to have you as a part of the Boca Delray Animal Hospital. In order for our records to be as complete as possible, please provide the following information.

CLIENT INFORMATION

Client Name _____ Spouse's Name _____
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone _____ CellPhone _____
Email _____
Spouse's Phone _____
Preferred Contact Number: Home Cell Other _____
How did you hear about us? Drive-by Google Facebook Other _____
 Client Referral _____

PET INFORMATION

Pet Name _____ Species Canine Feline
Breed _____ Color _____
Birthdate or Approximate Age _____ Sex Female Male
Add information for additional pets on the back of this form
Is your pet spayed/neutered? Yes No Unsure
Does your pet have a microchip? Yes No Unsure
Does your pet have any allergies to foods or medications? _____
Any surgeries, illnesses or severe injuries in the past? _____
Name of previous veterinary hospital/adoption agency _____
City/State _____ Phone Number _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

For your convenience, we accept cash, check, Visa, Mastercard, Discover, American Express or Care Credit.

Our staff is happy to prepare a written estimate for any services. JUST ASK US!

With your signature below, you authorize Boca Delray Animal Hospital to take pictures of your pet in connection with our facility and use such photographs for in-hospital and marketing purposes, including but not limited to websites, social media, pamphlets, slide shows and teaching cases. Please speak with a receptionist if you do not wish to authorize photographs or their use.

Signature _____ Date _____