



NEW CLIENT INFORMATION FORM

Please print legibly

CLIENT INFORMATION

Date: _____

Client Name: _____ Significant Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Other Phone (Spouse): _____ Work Phone (Ext): _____

Place of Employment: _____ E-mail Address: _____

Would you like to receive reminders & newsletters via e-mail? Yes No

Are there children in the household? Yes No

If you were referred to us, whom may we thank for the referral? _____

PET INFORMATION

Pet Name: _____ Species: Dog Cat Other

Breed: _____ Color/Markings: _____

Date of Birth: _____ Male Female Spayed/Neutered

Is your pet microchipped? Yes No Unsure

Brief medical history (current diet, current medications, previous conditions/surgeries, allergies, etc.): _____

What other pets are in the household (species & names)? _____

PAYMENT INFORMATION

Full payment of fees is required at the time services are rendered. We accept cash, personal checks, and credit cards (Visa, MasterCard, Discover). In some cases, a deposit may be required prior to admission to the hospital.

How will you be paying today? Cash Personal Check Credit Card

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