



Please print and complete the form prior to your upcoming appointment. You may bring it with you or email us at tauntoncathosp@yourvetdoc.com

New Client Information: Thank you for giving us the opportunity to care for your pet! Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____

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

Email: _____

Preferred Phone: _____

Co-Owner: _____ Phone #: _____

Name of Previous Veterinary Clinic: _____

Who can we thank for the referral to our practice?

Do you have pet insurance? If so, please put the company name

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (i.e.Cat)			
Breed			
Color			
Age/Date of Birth			
Sex	Male Female	Male Female	Male Female
Spayed/Neutered	Yes No	Yes No	Yes No

We want to make your pet's veterinary experience as stress-free as possible! We encourage you to bring along any favorite treats for us to give during the appointment. If you have concerns about your pet's emotional health, please let us know:

We love to share patient photos on social media. Do we have your permission to photograph your pet and post pictures on our Instagram and/or Facebook account?

Please check one: YES NO

See other side

Do you qualify for any of the discounts we offer? Please let a member of our Client Care Services team know if so!

We will need to see your identification to verify eligibility. We offer discounts to the following:

Senior Citizens - First Responders - Military members - Animal Care Professionals (Groomers, Veterinary Staff)

I am the owner or agent for the animal described above and I have the authority to execute this consent. _____(initials)

I understand payment is due, in full at the time services are rendered _____(initials)

I give consent for my pet to be scanned for a microchip. If a microchip is found, I understand and consent for the registered microchip owner to be contacted. Additionally, I understand that if my pet's microchip is registered to another owner that they are the legal owner, and I agree to turn the pet over to them or the pet will be held by Taunton Cat Hospital until the registered owner can obtain the pet. _____(initials)

I agree that myself and any authorized agent that represents me will always treat all staff members and other clients with respect. I understand that Taunton Cat Hospital has zero tolerance for swearing, yelling, or disrespectful speech toward any staff member or other client. Behavior as such can result in termination of care. All staff members are empowered to report all abuse from clients. _____(initials)

I agree to always keep my pet on a leash or in a carrier while in the lobby for patient and human safety. _____(initials)