



**New Client Questionnaire**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell:Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we Text/ Email you Reminders: Yes/ No

Employer: \_\_\_\_\_

City: \_\_\_\_\_

May we contact you at work if necessary to discuss care of your animal in our hospital? \_\_\_\_\_

Were you referred to us? \_\_\_\_\_ Who may we thank for the referral? \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ City: \_\_\_\_\_

May we request your animal's medical records? \_\_\_\_\_

Please provide us with your Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

We will also need to see your Driver's License. Drivers License # \_\_\_\_\_ State \_\_\_\_\_

All hospital records, radiographs, and laboratory reports are part of your animal's medical record and are property of Boyette Animal Hospital. On request with reasonable notice, copies of your animal's medical records, laboratory reports and radiographs can be provided to you or forwarded to the veterinarian of your choice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For your protection, animals will not be released to any person other than you or your spouse unless you have Notified us by phone or in writing.

Pet's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male or Female / Spayed or Neuter

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