

## New Client/Patient Form

### Owner Information

Owner Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Co-Owner: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Co-Owner Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Co-Owner Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
If personally referred, who may we thank? \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Circle one: **Dog** or **Cat**  
Date of Birth (Age): \_\_\_ / \_\_\_ / \_\_\_ (\_\_\_\_\_) Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Sex (circle one): **M** **F** Neutered/Spayed? \_\_\_\_\_  
If a cat, please select: Indoor Only | Indoor/Outdoor | Outdoor Only  
Microchip #: \_\_\_\_\_ County License #: \_\_\_\_\_  
Allergies (please list)? \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Current medications? \_\_\_\_\_  
Aggression or Behavior Issues (if yes, please explain)? \_\_\_\_\_  
Previous Veterinarian(s) for Records: \_\_\_\_\_  
\_\_\_\_\_

**All fees are due at the time services are provided.** We accept MasterCard, Visa, Discover, Checks, and Cash as payment. It is our policy to provide you with a written estimate of fees for any case where hospitalization, emergency care, dentistry, or surgery will be provided. **A deposit may be required prior to treatment.**

**PUBLICITY RELEASE:** I authorize Roseway Veterinary Hospital to use my pet's photo and first name in marketing materials, which may include but are not limited to, social media accounts like Facebook and Instagram, rosewayvet.com, in-hospital signage and other forms of advertising. Your initials: \_\_\_\_\_

X \_\_\_\_\_ / /  
Owner Signature Date