



**NEW CLIENT
INFORMATION SHEET**

Thank you for choosing us for your pet's veterinary services.
Please help us to better serve you by completing this form in its entirety.

Client/Spouse Information

Date:

Name: Phone #:
Address: City/State/Zip:
Birthdate:
Email: Cell #:
Employer: Work #:

Spouse: Birthdate:
Email: Cell #:
Employer: Work #:

Other Person(s) authorized to order treatment or obtain information(optional):

Name: Phone #:
Address: City/State/Zip:

How did you choose Belton Animal Clinic (Check all that apply):

- Internet
- Drove/Walked By
- Phone Book
- New Mover Mailer/Postcard
- H.E.L.P.
- Bays at the Moon
- Yelp
- Other Hospital/Doctor:
- Client:
- Employee:
- Other:

Please list all animals we are seeing today:

Species	Name	Breed	Color	DOB	Sex	Spayed/Neutered
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Do you have pet insurance? If yes, Policy #:
I'd like more information about pet insurance Yes No

ALL FEES ARE DUE AS SERVICES ARE RENDERED

We are pleased to accept: Cash, Check, Visa, Mastercard, Discover, Amex and CareCredit.