Belton
ANIMAL CLINIC & EXOTIC CARE CENTER

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: _____

Email: _____ Cell #: _____

Preferred Pronoun: ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs

Spouse: _____ Birthdate: _____

Email: _____ Cell #: _____

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):

☐ Previous client with another pet
☐ Internet
☐ Newspaper Ad
☐ Direct Mail/Postcard
☐ Location/Drive-by
☐ Summit Publications Phone Book
☐ BBC Yellow Pages/Phone Book
☐ Referred by: _____

Please list all animals we are seeing today:

Species	Name	Breed	Color	DOB	Sex	Spayed/Neutered

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 and CareCredit