

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). Please complete the following:



**Barbour Lane
Animal Hospital
(502) 426-5051**

CLIENT INFORMATION Client # _____ (ofc use) Date _____

Name _____ Spouse's Name _____ Best Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Cell Phone _____

Spouse Employer _____ Spouse Cell Phone _____

Email _____ Personal Recommendation (*Whom may we thank?*) _____

How did you become aware of our clinic? Drove by Yellow Pages Previous Client Website Other _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
MALE OR FEMALE?			
SPAYED OR NEUTERED?			

I request and authorize Barbour Lane Animal Hospital to release Vaccine and Medical information to facilities involved in the care and keeping of my pets. I understand that the information to be released includes information regarding Vaccination status and conditions of medical relevance to any referrals I have authorized. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. This authorization will expire only when requested in writing.

X _____ Date: _____

Driver's License OR Social Security #: _____