

**Warrensburg Animal Hospital**  
**New Client Form**

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.

Last Name	First	Spouse/Significant Other
Address	City, State	Zip
( )	( )	( )
Primary Phone	Spouse/Significant Other Phone	Emergency Phone
-	-	
Social Security Number	DOB	Drivers License Number
<b>Above information is required if you ever pay by check. We will not disclose any personal information.</b>		

Vaccine and Bloodwork reminders are sent via Email.

E-mail Address \_\_\_\_\_

***Missed appointments without 2 hour prior notice will be asked to seek veterinary care elsewhere.***

***Please initial after reading*** \_\_\_\_\_

**Animal Information**

**Pet 1:**

Name of pet	Species(dog, cat, horse, etc)	Breed	
DOB/Approximate Age	Sex(M/F)	Altered?(spayed/neutered)	Color
Is your pet:			
Up-to-date on vaccinations? Y or N		Microchipped? Y or N	
Currently on any medications? Y or N If so, please list: _____			

**Pet 2:**

Name of pet	Species(dog, cat, horse, etc)	Breed	
DOB/Approximate Age	Sex(M/F)	Altered?(spayed/neutered)	Color
Is your pet:			
Up-to-date on vaccinations? Y or N		Microchipped? Y or N	
Currently on any medications? Y or N If so, please list: _____			

***Payment is expected at time of services rendered.***  
***We are pleased to accept: cash, check, all major credit cards,***  
***CareCredit, and ScratchPay – ask for more details.***