

Veterinary New Client Registration Form

Welcome! Please complete this veterinary intake form to register as a new client and provide your pet's medical history. This veterinary patient information form ensures we deliver the best care for your pet.

Owner Information

Please provide your contact details for new client registration.

Owner Full Name *

First Name

Last Name

Secondary Owner / Co-Owner Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Primary Phone Number *

Please enter a valid phone number.

Secondary Phone Number

Please enter a valid phone number.

Email Address *

example@example.com

Preferred Contact Method

Home Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How did you hear about our veterinary practice?

Household Information

Help us understand your household for accurate veterinary patient information.

Household Type

- Adults Only
- Adults + Children
- Roommates
- Other Pets in Home
- Other

List all pets currently living in your household

Pet Information (Primary Pet)

Enter your primary pet's veterinary patient information. For multi-pet households, please submit additional forms.

Pet Name *

Species

Breed *

Color / Markings

Sex

- Male
- Female
- Neutered Male
- Spayed Female

Date of Birth or Approximate Age *

Microchip Number

Is your pet adopted or purchased?

- Adopted
- Purchased
- Other

Date adopted/purchased

Month Day Year

Pet's Lifestyle

- Indoor
- Outdoor
- Indoor/Outdoor
- Working/Service
- Show/Breeder
- Other

Medical & Behavioral History

Provide your pet's medical history for comprehensive veterinary intake.

Current medical concerns or symptoms

Known allergies

Current medications or supplements

Current diet / food brand

Previous illnesses, surgeries, or injuries

Has your pet ever shown aggression?

- Yes
 No

If yes, please describe the circumstances of aggression

Has your pet bitten anyone?

- Yes
- No

If yes, please explain (required if bitten)

Vaccinations & Preventatives

Enter your pet's vaccination and preventative care history.

Rabies — Date last received

Month Day Year

Distemper/Parvo (DHPP/DAPP) — Date last received

Month Day Year

Bordetella — Date last received

Month Day Year

Leptospirosis — Date last received

Month Day Year

FVRCP (cats) — Date last received

Month Day Year

FeLV (cats) — Date last received

Month Day Year

Heartworm prevention — Brand

Heartworm prevention — Last dose date

Month Day Year

Flea/tick prevention — Brand

Flea/tick prevention — Last dose date

Month Day Year

Previous Veterinarian Information

Help us obtain your pet's previous veterinary patient information and medical records.

Previous Veterinary Clinic Name

Veterinarian's Name

Clinic Phone Number

Please enter a valid phone number.

May we request medical records? *

- Yes
- No

Emergency Contact

Provide an emergency contact for responsible pet ownership.

Emergency Contact Name *

Relationship

Phone Number *

Please enter a valid phone number.

Consent & Acknowledgments

Consent to treat, financial policy acknowledgment, and communication preferences.

Consent for Treatment *

- I authorize the veterinary team to examine, diagnose, and treat my pet(s). I understand that I will be informed of the recommended treatment plan and associated costs before services are provided.

Medical Records Release *

- I authorize my pet's previous veterinarian to release medical records to this clinic.

Financial Responsibility Statement *

- I agree to pay for services at the time they are rendered and understand this clinic does not provide billing.

Photo/Media Consent (optional)

- I consent to the use of my pet's photo for educational or promotional purposes.

Communication Authorization *

- I agree to receive appointment reminders, medical updates, and service notifications via call, text, or email.

Signature & Date

Please sign and date to complete your new client registration.

Printed Name

Date *

Month Day Year