

CLIENT # _____ *Office Use Only

NEW CLIENT INFORMATION

Before we start, please tell us how you heard of Redwood Veterinary Hospital
(friends/family, Yellow pages, drive by, etc): _____

Can we thank anyone in particular for recommending us?: _____

NAME OF PET OWNER _____
LAST FIRST MI SPOUSE

HOME PHONE # _____

HOME ADDRESS _____
NUMBER STREET CITY ZIP

E-MAIL ADDRESS _____

SPOUSE INFORMATION

YOUR EMPLOYER _____ SPOUSE EMPLOYER _____

WORK PHONE _____ SPOUSE WORK PHONE _____

CELL PHONE _____ SPOUSE CELL PHONE _____

EMPLOYER ADDRESS _____ SPOUSE EMPLOYER ADDRESS _____

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO

PROFESSIONAL FEES ARE TO BE PAID AT TIME OF SERVICES.
FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK, DEBIT, VISA, MC, DISCOVER, AMER X, AND CARE CREDIT

SIGNATURE _____ DATE _____

Don't forget to also fill out
a **New Patient Form** for *each* of your pets!