



## NEW CLIENT INFORMATION FORM

*Please print legibly*

### CLIENT INFORMATION

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone (Spouse): \_\_\_\_\_ Work Phone (Ext): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like to receive reminders & newsletters via e-mail? Yes  No

Are there children in the household? Yes  No

If you were referred to us, whom may we thank for the referral? \_\_\_\_\_

### PET INFORMATION

Pet Name: \_\_\_\_\_ Species: Dog  Cat  Other

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Spayed/Neutered

Is your pet microchipped? Yes  No  Unsure

Brief medical history (current diet, current medications, previous conditions/surgeries, allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other pets are in the household (species & names)? \_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION

*Full payment of fees is required at the time services are rendered. We accept cash, personal checks, and credit cards (Visa, MasterCard, Discover). In some cases, a deposit may be required prior to admission to the hospital.*

How will you be paying today? Cash  Personal Check  Credit Card

**Hugh S. Glidewell, DVM**

6221 Bluffton Road | Fort Wayne, IN 46809

Phone: 260-747-4196 | Fax: 260-747-4198 | E-mail: info@waynedaleanimalclinic.com

**waynedaleanimalclinic.com**

