



New Client Form

OWNER INFORMATION

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Co-Owner: _____
Last First

Phone: _____

Cell: _____

Previous Veterinary Hospital: _____

How did you hear about us? Facebook Google Sign/Drive-By Pet Rescue Website Other: _____

If you were referred to us, please let us know so we can say thank you with a \$25 credit to both you and them!

PET INFORMATION

Name: _____
Dog Cat Other

Breed: _____ Color: _____ Sex: Male Female Spayed/Neutered

Birthdate/Age: _____ Medications: _____

Name: _____
Dog Cat Other

Breed: _____ Color: _____ Sex: Male Female Spayed/Neutered

Birthdate/Age: _____ Medications: _____

- I authorize High Ridge A.H. to use photos of my pet for their website/social media without using any personal information
- I DO NOT authorize High Ridge A.H. to use photos of my pet for any reason

Signature _____

Date _____