

Animal Clinic of Granger

Comprehensive Medicine,
Surgery, and Dental Center

New Client Information

Primary Owner Name (Last) _____ (First) _____ (MI) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse/Partner Name (Last) _____ (First) _____ (MI) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Email: _____ Fax _____ Pager _____

Referred by: _____ Previous Vet: _____

Payment due at time of services.

We request first time clients pay with cash or credit card only, please. Signature: _____

Pet #1

Name _____

Species: Dog Cat Other

Breed: _____

Color: _____

Age: _____

Sex: Male Female

Spayed: Yes No N/A

Neuter: Yes No N/A

Pet #2

Name _____

Species: Dog Cat Other

Breed: _____

Color: _____

Age: _____

Sex: Male Female

Spayed: Yes No N/A

Neuter: Yes No N/A

Pet #3

Name: _____

Species: Dog Cat Other

Breed: _____

Color: _____

Age: _____

Sex: Male Female

Spayed: Yes No N/A

Neuter: Yes No N/A

Please list any additional information that you think may be helpful in the treatment of your pet:

How did you find out about our clinic?

Clinic Sign Yellow Pages Web Page Other _____