



**NEW CLIENT
INFORMATION SHEET**

**Thank you for choosing us for your pet's veterinary services.
Please help us to better serve you by completing this form in its entirety.**

Client/Spouse Information

Name: _____ Phone #: _____ Date: _____
Address: _____ City/State/Zip: _____ Birthdate: _____
Email: _____ Cell #: _____
Employer: _____ Work #: _____

Spouse: _____ Birthdate: _____
Email: _____ Cell #: _____
Employer: _____ Work #: _____

Other Person(s) authorized to order treatment or obtain information(optional):

Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____

How did you choose Raymore Animal Clinic (Check all that apply):

Internet _____ Drove/Walked By _____ Phone Book _____
New Mover Mailer/Postcard _____ Facebook _____ Belton Animal Clinic _____
Yelp _____ Other Hospital/Doctor: _____
Client: _____ Employee: _____
Other: _____

Please list all animals we are seeing today:

Species	Name	Breed	Color	DOB	Sex	Spayed/Neutered
---------	------	-------	-------	-----	-----	-----------------

Do you have pet insurance? _____ If yes, Policy #: _____
I'd like more information about pet insurance Yes No

ALL FEES ARE DUE AS SERVICES ARE RENDERED

We are pleased to accept: Cash, Check, Visa, Mastercard, Discover, Amex and CareCredit.