



New Client Information Sheet

Name: _____ Date: _____

Address: _____ City _____ State _____ Zip Code _____

Cell Phone : _____ Do you authorize White Marsh Animal Hospital to send text message reminders? Yes No

Home Number: _____ Work Phone: _____

Secondary Contact- Name: _____ Cell phone number: _____ Relation: _____

Do you authorize White Marsh Animal Hospital to release personal/confidential information to the person listed above? Yes No

Email: We send all our medical reminders via email, please provide: _____

How did you hear about us? Google Yelp Facebook Instagram Referral Other _____

If a client please provide their name so we can thank them. _____

Name			
Species (Canine or Feline)			
Breed			
Date of Birth			
Color			
Heart Worm/Flea/tick Prevention			
Sex: Spayed or Neutered?			

Does your pet have any known allergies to any medications or vaccines? If yes, please list them: _____

Does your pet have any chronic medical conditions? If yes, please list them: _____

Current medications given: _____

I hereby authorize the veterinarian to examine, treat, and prescribe for the above assigned pet. I am over 18 years of age and responsible for all charges incurred in the care of the pet. I also understand that all professional fees are due at the time of services rendered.

Signature: _____ Date: _____