



New Client Form

Welcome to Animal Clinic at Kelly Crossing! We are honored that you have chosen us to take care of your pet's health needs. We treat every animal that comes into our facility as our own. Your pet's health is our #1 concern. Please take a moment to fill out this form and give it to our receptionist and any other records you may have brought with you.

Client Information

Client Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Number to reach you: _____

Alternate Number: _____

Email Address*: _____

* We only ask for your email so we can send you important reminders about your pet, give you access to our online store and view your pet's online profile.*

How did you hear about us? _____

Alternate Contact

Last Name: _____ First Name: _____

Alternate Number: _____

Pet's Information

Name: _____ K9 _____ Feline _____ Other _____

Breed: _____

Birthdate/Age: _____

Sex: _____ Neutered/Spayed: Yes _____ No _____

Did you bring vaccine history for your pet? Yes _____ No _____

If no, what is the name of your current veterinary hospital and phone number (if available)?

Flip over for additional pets

Name: _____ K9_____ Feline _____ Other_____

Breed: _____

Birthdate/Age: _____

Sex: _____ Neutered/Spayed: Yes _____ No _____

Did you bring vaccine history for your pet? Yes _____ No _____

If no, what is the name of your current veterinarian hospital and phone number (if available)? _____

Name: _____ K9_____ Feline _____ Other_____

Breed: _____

Birthdate/Age: _____

Sex: _____ Neutered/Spayed: Yes _____ No _____

Did you bring vaccine history for your pet? Yes _____ No _____

If no, what is the name of your current veterinarian hospital and phone number (if available)? _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

- **In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Animal Clinic at Kelly Crossing, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**
- **It is understood that an estimate of charges will be given (upon request) for services. No guarantee or assurance can be made as to the results that may be obtained.**

Owner Signature