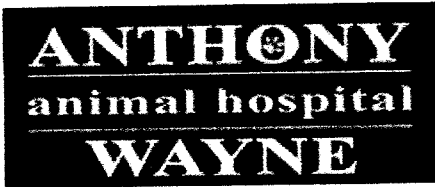


Client ID: \_\_\_\_\_



### NEW CLIENT INFORMATION

Owner: \_\_\_\_\_ Spouse/Additional Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred contact method to remind you of upcoming appointments: \_\_\_\_\_  
Phone call (will leave a voicemail if no answer) or text

Email: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

We value your personal information. Your email will only be used for notifications from Anthony Wayne Animal Hospital.

Social Security Number \_\_\_\_\_

What social media platforms do you use?  Facebook  Twitter  Instagram (We are on Facebook and Instagram - awahospital!)

How did you hear about us?  Family/Friend  Website  Google/Online Search  Driving/Walking by  Local Humane Society/Rescue

If you were referred by a client, please tell us who so we can say thank you. \_\_\_\_\_

### NEW PATIENT INFORMATION

Pet's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Dog or  Cat Breed: \_\_\_\_\_

Dog or  Cat Breed: \_\_\_\_\_

Sex:  Male  Neutered or  Female  Spayed

Sex:  Male  Neutered or  Female  Spayed

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Previous Health Issues: \_\_\_\_\_

Name and number of your pets' previous veterinarian? \_\_\_\_\_

We love social media! We would like your consent to share your pets' image on our social media and website.

Your full name and personal information will never be used.

Yes, please make my pet a star!!

No thank you my pet is shy

Client ID: \_\_\_\_\_

If you must cancel an appointment, we ask for 24 hours notice. If cancelling a surgical appointment, we ask for 48 hours notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Current vaccinations are required by Anthony Wayne Animal Hospital before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet (s). I assume responsibility for all charges accrued in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. We will gladly prepare a written treatment plan of service fees if desired (please ask our receptionist, tech, or Dr.) For your convenience we accept Visa, Mastercard, Discover, Care Credit, and cash. Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient (s) listed above.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: