



# NEW CLIENT FORM

*Thank you for giving Hoffman Animal Hospital the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:*

## CLIENT INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Work # \_\_\_\_\_ Spouse's Cell # \_\_\_\_\_

Best number to reach you \_\_\_\_\_ Active Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

How did you become aware of our clinic?  Phone Book  HAH Website  Facebook  Internet  
 Open House  SPCA  SPCA Walk  Strawberry Festival  Cape Fun Run  Community Event  
 Referral Vet  Drove By  Friend  Other \_\_\_\_\_

Personal Recommendation: ( whom may we thank? ) \_\_\_\_\_

Name & Phone # of previous Veterinarian \_\_\_\_\_

PATIENT INFORMATION	PET #1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX / SPAYED OR NEUTERED?			

MEDIA RELEASE		
FACEBOOK	YES	NO
TWITTER/ HAH BLOG	YES	NO
MARKETING BROCHURES	YES	NO
EDUCATIONAL BROCHURES	YES	NO

\* I authorize the staff of Hoffman Animal Hospital to release portions of my pet(s) medical history and record, including personal recollections, radiographs, photographs, videotape images, or other images to the above media entities.

**Please be sure to fill out the media release section above before returning the form to our team.**

Other Pets \_\_\_\_\_

Any previous serious illness or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Would you like to be present during treatment of your pet?  YES  NO

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND I AGREE TO PAY THE BALANCE IN FULL.  
IF NOT PAID IN FULL, I AGREE TO PAY ALL COSTS ASSOCIATED WITH COLLECTION.**

SIGNATURE: \_\_\_\_\_