

Welcome to Tender Touch Veterinary Hospital

NEW CLIENT INFORMATION FORM

PRIMARY OWNER'S NAME : _____

SPOUSE / OTHER : _____

ADDRESS : _____ CITY : _____ STATE : _____ ZIP : _____

Primary Phone : _____ Secondary Phone : _____ Spouse/Other # : _____

Email Address : _____

Email is our preferred method of contact. Please indicate your preferred method of contact below:

Email Home Phone Work Phone Cell Phone Mail

Emergency Contact Person (if other than yourself): _____ Phone : _____

Previous Veterinarian: _____

How did you hear about us? _____

Pet's Name	Cat or Dog	Male or Female	Spayed or Neutered Y/N	Age or DOB if known	Prior medical concerns
1.					
2.					
3.					
4.					

PHOTO CONSENT

We love to capture images of our patients and we would like the ability to share photographs on our social media. Please indicate below if you consent to the use of images of your pet.

I consent.

I do not consent.

AGREEMENT TO PAYMENT POLICY:

I understand that I am financially responsible for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of service.

Signature of Owner : _____

Date : _____