

WELCOME TO SPECIAL FRIENDS VETERINARY CLINIC

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

CLIENT INFORMATION

Date _____

Name		Home Phone	
	Last First	Cell Phone	
Spouse/ Co-Owner		Work Phone	
	Last First	Spouse's Cell	
		Spouse's Work	

Home Address _____

Street	Apt/Bldg/Lot #	City	State	Zip Code
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Mailing Address _____
(if different)

POB	City	State	Zip Code
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Place of Employment _____

Name	Address	City	Zip Code
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E-Mail Address _____

Help us go green! Special Friends Veterinary Clinic will not sell your e-mail address to outside companies. We would like to be able to send you e-mail reminders and give you access to your personal Pet Portal through Vetstreet (where you can view your pet's health information, post photos of your pet, and request appointments and prescription refills online) and access to Heartgard and Frontline promotions through Merial Client Connection.

How did you become aware of our clinic? Drove By Yellow Pages Yellow Pages/Dex Online Been Here Before
 Our Website Local Vets Referral (Whom may we thank?) _____

ANIMAL INFORMATION

Name	Dog	Cat	Other	Breed	Color	Birth Date or Age	Sex	Neutered/Spayed	
								_ Yes	_ No
								_ Yes	_ No
								_ Yes	_ No
								_ Yes	_ No
								_ Yes	_ No

When were your pet(s) vaccinated last? (new clients only) _____

Please hand any paperwork you have on your pet(s) to the receptionist so we may record it in the medical record. This can include shelter pamphlets, breeder documents or records from another clinic among other things. Thank you!

****Please read and sign our financial policy form (also available for download from our website)****