

BOYETTE ANIMAL HOSPITAL

NEW CLIENT QUESTIONNAIRE

LAST NAME: _____

FIRST NAME: _____

SPOUSE: _____

ADDRESS: _____

CITY _____ ZIP CODE _____

MAILING ADDRESS: _____

CITY _____ ZIP CODE _____

DAYTIME PHONE: _____

EVENING PHONE: _____

E-MAIL: _____

Employer: _____

City: _____

Spouse Employer: _____

Business Phone: _____

May we contact you at work if necessary to discuss care of your animal in our hospital? _____

Were you referred to us? _____ Who may we thank for the referral? _____

If not referred, how did you find out about us? _____

Previous veterinarian: _____ City: _____

May we request your animal's medical records? _____

Please provide us with your: Eye Color _____, Hair Color _____

We will also need to see your Driver's License. Driver's License # _____ State _____

Auto Tag # _____ State _____, Social Security # _____

All hospital records, radiographs, and laboratory reports are a part of your animal's medical record and are property of Boyette Animal Hospital. On request with reasonable notice, copies of your animal's medical records, laboratory reports and radiographs can be provided to you or forwarded to the veterinarian of your choice.

SIGNATURE: _____ DATE: _____

For your protection, animals will not be released to any person other than you or your spouse unless you have Notified us by phone or in writing.

PET'S NAME: _____

PET'S NAME: _____

BREED: _____

BREED: _____

COLOR: _____

COLOR: _____

AGE: _____

AGE: _____

PET'S NAME: _____

PET'S NAME: _____

BREED: _____

BREED: _____

COLOR: _____

COLOR: _____

AGE: _____

AGE: _____