



Today's Date: _____

New Client Form

1. Owner Information

Owner Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Alternate Phone _____

E-mail Address _____

2. Pet Information

Name: _____ Dog ___ Cat ___ Other ___

Age: _____ DOB: _____ Sex: M ___ F ___ Spayed/Neutered: Yes ___ No ___

Breed: _____ Color: _____

Reason for today's visit: _____

Is your pet on any medications? Yes No

If so: _____

Is your pet up to date on all vaccines? Yes No

Does your pet have any known medical issues? Yes No

If so: _____

Did you adopt from Priceless Pets? Yes No

If yes, please include their previous name or ID number: _____

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures for the visit today.

Signature of Pet Owner _____

Date _____