



NEW CLIENT INFORMATION SHEET

First & Last Name: _____

Spouse First & Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____ ext. _____

Email: _____

Preferred method of contact: Home Phone Cell Phone Email

Secondary Name/Emergency Contact:

Anyone who you, as the owner, give authorization to make decisions for your pet(s)

_____ Ph. Number: _____

_____ Ph. Number: _____

Pet(s) Information:

Name	Gender	Spayed/Neutered?	Age	Breed	Colour(s)	Any Previous Medical Issues?

Previous Veterinary Clinic (Name & City): _____

How did you hear about us?

Friends/Family Referral *who can we thank?:* _____

Another Vet Clinic *who can we thank?:* _____

Social Media Internet/Website Other _____

Social Media:

Yes! I give Windrush Veterinary Services permission to use photographs and/or stories of my pet(s) with fellow clients on their social media outlets.

- Follow us on Facebook → Windrush Veterinary Services

- Follow us on Instagram → windrushvet

No, thank you.