

**Animal Dental Care & Oral Surgery**  
**NEW CLIENT INFORMATION**



Owners Name \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(Street/Apt #) (City) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ (If e-mail communication is acceptable)

Spouse/Second Contact \_\_\_\_\_  
(First) (Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**Pet Information**

Name \_\_\_\_\_ Age/Birthday \_\_\_\_\_ Breed \_\_\_\_\_

(Please Circle) Female/male and spayed/neutered

Does your pet have any major medical problems? (Heart conditions, Seizures, ect)

No \_\_\_ Yes \_\_\_ If yes, Please Explain \_\_\_\_\_

Is your pet on any medication? No \_\_\_ Yes \_\_\_ If yes, please explain \_\_\_\_\_

Is your pet allergic to any medications? No \_\_\_ Yes \_\_\_ If yes, please explain \_\_\_\_\_

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How did you find out about us? Please be as specific as possible.

\_\_\_\_\_ Referred by \_\_\_\_\_

\_\_\_\_\_ Online Search \_\_\_\_\_

\_\_\_\_\_ Attended Speech/Seminar \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_