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New Client Information

Please print, fill out and bring with you to your first visit

Owner's Name: _____ Spouse/Significant other: _____

Owner's Address: _____

Children: _____

Home phone: _____ Work phone: _____

Whose work number is this? _____

Owner's cell phone number: _____ Owner's e-mail address: _____

Is it OK to call the above work number? _____

Previous veterinarian/veterinary hospital: _____

Pet Information

Pet's Name: _____ Cat rDog r

Breed: _____ Birth date/Age: _____

Color/Distinguishing marks: _____

Sex: Neutered/Spayed? _____ If yes, at what age? _____

Is there anything you feel we should know to make your pet's visit easier (for example, dislikes dogs, loves hugs, may nip when frightened, etc.)? _____

