



PAWS AND CLAWS VETERINARY CLINIC
302 S. Acker / PO Box 435
Sanger, TX 76266

Phones: (940) 458-2529
Fax: (940)458-2527
Email: pawsandclawsvet@embarqmail.com

CLIENT UPDATE FORM (New Owner Info or New Patients)

Today's Date: _____

Last Name: _____ First Name: _____

Has your address changed? Yes No New address: _____

Has your phone changed? Yes No New phone: _____ home
_____ office
_____ cell

Has your email changed? Yes No
New Email (for updates and reminders): _____
(Please print clearly)

New Patient: Name _____

Species: Dog Cat Other _____ **Breed:** _____

Color: _____ **Gender:** Male Female

Is pet spayed or neutered? Yes No **Weight:** _____ **Age/Date of Birth:** _____

Is pet current on Annual Vaccinations? Yes No **Date last given?** _____

Is pet current on Rabies? Yes No **Date last given?** _____

Reason for today's visit: _____

New Patient: Name _____

Species: Dog Cat Other _____ **Breed:** _____

Color: _____ **Gender:** Male Female

Is pet spayed or neutered? Yes No **Weight:** _____ **Age/Date of Birth:** _____

Is pet current on Annual Vaccinations? Yes No **Date last given?** _____

Is pet current on Rabies? Yes No **Date last given?** _____

Reason for today's visit: _____