



PAWS AND CLAWS VETERINARY CLINIC
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 Sanger, TX 76266

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NEW CLIENT INFORMATION FORM

OWNER INFORMATION

Today's Date: _____

Last Name: _____ First Name: _____

Spouse's Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____

Email (for updates and reminders): _____

(Please print clearly)

Please show Driver's License to Receptionist when submitting this form.

Driver's License #: _____ DOB: _____

****PAYMENT DUE AT TIME OF SERVICE****

PET INFORMATION (Please provide as much information as possible.)

Pet 1: Name _____ **Species:** Dog Cat Other _____

Breed: _____ **Color:** _____

Gender: Male Female **Is your animal spayed or neutered?** Yes No

Age or Date of Birth: _____

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

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

Is pet micro-chipped/tattooed? Yes No Chip or Tatoo # (if available) _____

Is pet registered with your city? Yes No

Medical History (please list any significant conditions): _____

Space for additional pets on back

Feel free to provide pet info on other pets even if they are not being seen by the vet at this visit.

Pet 2: Name _____ **Species:** Dog Cat Other _____

Breed: _____ **Color:** _____

Gender: Male Female **Is your animal spayed or neutered?** Yes No

Age or Date of Birth: _____

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

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

Is pet micro-chipped/tattooed? Yes No Chip or Tatoo # (if available) _____

Is pet registered with your city? Yes No

Medical History (please list any significant conditions): _____

Pet 3: Name _____ **Species:** Dog Cat Other _____

Breed: _____ **Color:** _____

Gender: Male Female **Is your animal spayed or neutered?** Yes No

Age or Date of Birth: _____

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

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

Is pet micro-chipped/tattooed? Yes No Chip or Tatoo # (if available) _____

Is pet registered with your city? Yes No

Medical History (please list any significant conditions): _____
