

West Chester Veterinary Care LLC

New Client Information Form



Contact information

Last	First	Title
Address	Phone	Cell
City, State, Zip	Work	Other phone
County	Email (for reminder purposes only)	

Personal Information

Spouse/significant other	Spouse/significant other phone number
How did you hear about us?	Reference (who recommended you to us?)
May we sign you up for our email newsletter? (we send these less than quarterly, so do not fear the spam!)	

Pet information

Office Use Only:

Name	Species	Entered	
Breed	Age	Newsletter	
Color	Sex (spayed/neutered)	Altered?	AviMark Referral
Birthday	Weight	NC Card	
Microchip	Known allergy?	Scan	

Please note: it is assumed when other animal service professionals call to request your pet's records, they are doing so at your authorization. Records will be released promptly to expedite your pet's care.

Signature _____ Date _____