

# New Client Form



DuPont Veterinary Center  
1525 Wilmington Drive DuPont, WA 98351  
Phone: 253-267-5431, Fax: 253-235-4004

## Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of contact: Email/ Text / Call / Facebook

Place of Employment: \_\_\_\_\_

Spouse (Alternative Contact): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Does anyone have any allergies in your household that we need to be aware of (ex. Peanuts, Latex, or Antibiotics?) \_\_\_\_\_

## Pet(s) Information

Name of Pet	Breed	Sex	Fixed	Color	Birthday	Microchip
		Male / Female	Yes / No			Yes / No

Does your pet(s) have any allergies? If yes, please list \_\_\_\_\_

Previous Veterinarian/Clinic \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

Do you give us permission to take pictures of your pet? Yes / No

\*if yes, can we use them for promotional purposes? Yes / No

Does your pet(s) have insurance? if yes, please list the policy number: \_\_\_\_\_

**Discounts:** Please Initial: Military \_\_\_\_\_ Senior Citizen (60+): \_\_\_\_\_

We are frequently asked about the prices of our services. Charges vary based on the type of care needed by your pet. Please ask for specifics when discussing treatment recommendations with your pet's doctor. While our hospital does not offer in-house payment plans, we do accept all forms of payments. All charges are due at the time of service.

Owner/Responsible Party's Signature \_\_\_\_\_ Date: \_\_\_\_\_