

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 _____

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: _____

How did you hear about us? (Check your selection)

[Facebook] [Google] [Yelp] [Word of mouth] [Driving by] [Client Referral: _____]

[Clinic Referral: _____] [Other: _____]

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: _____