



912 W. Williams St.
Apex, NC 27502
(919) 267-9315

New Client Information Sheet

Welcome to our practice!

We appreciate the opportunity to serve you and your pet. Please provide us with some information about yourself below. *We keep this information confidential and do not share it with any third party:*

Your Name: _____

Spouse/Partner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

What **phone number** should we call to remind you of appointments and discuss lab test results?

Primary Phone Number: _____ Accepts Texts? Y N

Secondary Phone Number: _____ Accepts Texts? Y N

What **email address** should we use to send you medical reports and lab test results?

Primary Email Address: _____

Secondary Email Address: _____

*IF **YOU** have an emergency in our hospital, whom should we contact?*

Emergency Contact: Name: _____ Relationship: _____

Emergency Contact Telephone Number(s): _____

*Would you like to authorize anyone else to make medical decisions for your pet such as a pet sitter in your absence? (Please circle) YES NO. **If YES, please complete information below:***

Name: _____ Relationship: _____

Telephone Number(s): _____

How did you hear about our hospital? _____

We reward our clients \$15 for referring their friends! If you were referred by a friend, please tell us who so we can thank them!