



Faust ANIMAL HOSPITAL



New Client Info Sheet

Owner name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Alternate phone: _____

E-mail: _____

How did you hear about us? Google Yelp Drive-by: Referral:

Who referred you? _____

1st Pet

2nd Pet

3rd Pet

| | | |
|---|---|---|
| Name: | Name: | Name: |
| Breed: | Breed: | Breed: |
| Color: | Color: | Color: |
| Male: Female: | Male: Female: | Male: Female: |
| Spayed / neutered Yes No: | Spayed / neutered Yes No: | Spayed / neutered Yes No: |
| Age: DOB: | Age: DOB: | Age: DOB: |

Photo/video release:

From time to time Faust Animal Hospital will photograph or video tape your pet. Do you authorize Faust Animal Hospital to use these photos for print, online, and any other forms of advertising?

Yes: No:

Payment is due at time of service: Initials: _____

Not a 24 hour facility / No Staff after business hours:

Unless otherwise specified, animals are not supervised overnight, only during regular business hours.

Initials: _____

I have read the above information and understand all services must be paid in full at time of Service, including any emergency treatment provided for my pet.

Signature: _____ Date: _____