



## Welcome to Willard Veterinary Clinic!

Thank you for giving us the opportunity to care for your pet! Please help us better meet your needs by taking a few moments to fill out this information sheet.

### New Client Information

What is your preferred pronoun? \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Preferred Phone number \_\_\_\_\_ Is this a cell? \_\_\_\_\_

Co- Owner's Name \_\_\_\_\_

Preferred Phone number \_\_\_\_\_ Is this a cell? \_\_\_\_\_

We are happy to call your previous veterinarian to obtain a copy of your pet's records.  
Please provide us with the following information.

Practice Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

How did you hear about us?  Drive by/sign  Internet  Personal Referral  Other

	Pet #1		Pet #2		Pet # 3	
Pet's Name						
Dog or Cat						
Breed						
Color						
Age/Date of Birth						
Sex	Male	Female	Male	Female	Male	Female
Spayed/Neutered	Yes	No	Yes	No	Yes	No

We want to make your pet's veterinary experience as stress-free as possible! Is there anything we should know about your pet or their previous veterinary visits / experiences to help make this happen?

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We love to share patient photos on social media. Do we have your permission to photograph your pet and post pictures on our Instagram and/or Facebook account?

Yes       No