



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	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed/Neutered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

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?

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?

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