



Brackett Street Veterinary Clinic

New Client Information

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

Owner's Name: _____ Co-Owner's Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone #: _____ Alternate Phone #: _____ Email: _____

In Case of EMERGENCY, Call _____ Phone # _____

Name of Previous Veterinarian/Clinic: _____

How did you hear about us? _____

| Please complete information for all pets with you today. | Pet #1 | Pet #2 | Pet #3 |
|--|--------|--------|--------|
| Pet's Name | | | |
| Species (Dog, Cat, Guinea Pig, etc.) | | | |
| Breed | | | |
| Description (Color and Markings) | | | |
| Age or Date of Birth (Approximate) | | | |
| Sex | M - F | M - F | M - F |
| Spayed or Neutered? | Y - N | Y - N | Y - N |

How would you prefer to be contacted for reminders and appointment confirmations?

E-mail _____ **Text** _____ **Phone** _____ **Mail** _____

Payment is due in full at the time of service.

Estimates are prepared for all procedures and deposits are required for most in-hospital procedures.



Photo Release Form:

I grant to Brackett Street Veterinary Clinic, its representatives and employees the right to take photographs of me and/or my pets, and to copyright, use and publish the same in print and/or electronically.

I agree that Brackett Street Veterinary Clinic may use such photographs of me and/or my pets with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

- The above may take photos of me and/or my pets
- The above may NOT take photos of me and/or my pets

Signature: _____ Date: _____

Printed name: _____

Address: _____

City: _____

State: ____ ZIP: _____