

**CLIENT INFORMATION**

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Owner: \_\_\_\_\_

911Address (Residence, not PO Box): \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State : \_\_\_\_\_

Are you a previous VVSC client? Yes \_\_\_ No \_\_\_

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Pet's Name: \_\_\_\_\_

Canine \_\_\_ Feline \_\_\_ Other \_\_\_ Breed \_\_\_\_\_

Sex: Male Female Spayed or Neutered: Yes No

Birth Month and Year: \_\_\_\_\_ Color: \_\_\_\_\_ Weight \_\_\_\_\_

List medications your pet is currently receiving: \_\_\_\_\_

\_\_\_\_\_

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Referring Veterinarian: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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REASON FOR APPOINTMENT: \_\_\_\_\_

\_\_\_\_\_

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How did you hear about VVSC? Referring veterinarian \_\_\_ Web Site \_\_\_ Yellow Pages \_\_\_

Personal Recommendation \_\_\_ Drive-by \_\_\_ Other (Explain) \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client/Agent

Do you give permission for VT Veterinary Surgical Center (VVSC) to use photographs of your pet within VVSC materials such as our hospital website, brochures and advertising? Yes \_\_\_ No \_\_\_