



New Client Information Form

Welcome to Mitten Animal Hospital. Our mission is to care for our patients as if they were our own pets. We will provide the best veterinary medicine to our patients through excellence in preventive medicine and surgery. We value the importance of the human-animal bond and realize the depth of emotions that are a part of this bond. We will utilize an open door policy and an open floor plan that allows clients to be involved and present for every step of their cat or dogs' office visits and medical treatments. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information.

Owner Name _____ Spouse or Additional Contact Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____ Cell | Home | Work

Email _____ (for appointment and vaccine reminders)

Place of Employment _____

Owner Date of Birth* _____ Owner Driver License Number* _____

** Both are required to dispense controlled medications and pay by personal check*

How did you find our practice? Location / Drive-by Google / Search Engine
 Facebook / Twitter / Instagram Other Ad (mailer, coupon, etc.)
 Personal Recommendation (Whom may we thank?) _____

Patient Information		Pet #1		Pet #2		Pet #3	
Pet Name							
Date of Birth							
Breed							
Color							
Sex: (circle)		Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Previous Veterinarian Information	Hospital Name						
	Phone						

Any previous major illnesses or surgeries? _____

Any known allergies to vaccinations or medications? _____

Is your pet on any medications or special diets? _____

 Signature of Owner / Agent Date

We require payment in full at the time of services rendered.