



NEW CLIENT/NEW PET INFORMATION FORM

CLIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell Phone: _____ Other Contact Info: _____

Email: _____ Birth Date: _____

Employer/Business Name: _____ Work Phone: _____

Driver's License Number: _____ State: _____

Spouse Last Name: _____ Spouse First Name: _____

Spouse Cell Phone: _____ Spouse Work Phone: _____

How did you learn about JOLO's Schnauzers?

- Yellow Pages Brochure/Flyer Word of Mouth ValPak Money Mailer Coupon Festival TV
 Internet Other _____

If Word of Mouth, who may we thank for the recommendation or referral? _____

PET INFORMATION

Your Pet's Name: _____ Species: _____ Male Female Spayed/Neutered? yes no

Birth Date: _____ Color: _____ Breed: _____ Date of last vaccinations: _____

Name of previous veterinarian or practice: _____

Surgeries other than spay or neuter: _____

Is your pet currently on heartworm preventative? yes no If yes, what kind? _____

Is your pet allergic to any drugs, flea sprays, or dips? yes no If yes, what? _____

Briefly list any medications your pet is currently taking as well as any medical problems:

If, for any reason, I fail to pay JOLO's Schnauzers in full and the debt becomes more than 90 days old, I agree to repay JOLO's Schnauzers in full and will be responsible for any collection fees incurred if my bill must be given to a collection agency.

Signed: _____ Date: _____ Emergency Phone #: _____