



Welcome to THS Family Pet Clinic. Thank you for choosing us for your pet care needs. So that we can provide your pet with the best comprehensive and personalized care, please complete this new client form.

Owner's Name: _____

Alternate Contact: _____

Address: _____

Owner Phone # _____ Alternate Phone # _____

Email Address: _____

Your Pet's **Annual reminders** will be sent through email and text services

****Please check one or more of the following methods for your pets' reminders:**

For **Appointment reminders** would you prefer: ☐ Phone Call ☐ Text/Email

Disclaimer: We often use common allergen foods (peanut, dairy, etc.) Does anyone in the household have allergies that this would be of concern? _____

How did you hear about THS Family Pet Clinic?

☐ Internet ☐ Friend ☐ Relative ☐ TV Ad ☐ Social Media

If you refereed, who can we thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are to be paid at the time of service.

Signature: _____ Date: _____