

**Whispering Pines Pet Clinic
New Client Information Form**

Thank you for visiting Whispering Pines Pet Clinic! In order to help us serve you better, please fill out the following as completely as possible.

Name _____ (Dr/Mr/Mrs/Ms/Miss)
Alternate Name (spouse, partner, etc.) _____

Street Address _____
Mailing Address (if different from above) _____
City _____ ZIP _____

Phone Number (home) _____ (work) _____ (cell) _____
Emergency or alternate phone number _____

Employer _____ Occupation _____

Email address _____

Indicate here if you would like to receive reminders, newsletters, etc. via email

(We promise to only use your address for good, and we would never use it for anything other than Whispering Pines Pet Clinic informational purposes)

How did you hear about us? Circle one: TV Commercial Yellow Pages
Location/saw sign Internet/Web Site Web Search Pet Store
Humane Society Emergency Clinic Veterinarian Referral Bird/exotic Club
Friend/family Referral Newspaper Ad Previous Client Safeway Cart/Receipt
Please note name of referring person, link or media ad:

Please note which Yellow Pages you used, if known:

AT&T big book Valley YP Yellow Book Paradise Post Big Paradise Post Small

Are you a: Breeder/aviary/farm Pet Store Rescue Organization (tax-exempt)

Pet #1 Name _____	Pet #2 name _____
Species _____	Species _____
Breed _____	Breed _____
Color _____	Color _____
Sex _____ Neutered? _____	Sex _____ Neutered? _____
Date of Birth _____	Date of Birth _____
Historical health problems _____	Historical health problems _____
_____	_____
_____	_____
_____	_____
Reasons for today's visit _____	Reasons for today's visit _____
_____	_____
_____	_____