

Northampton Animal Clinic  
2910-A12 Kerry Forest Parkway  
Tallahassee, FL 32309  
(850)668-8031

**NEW CLIENT FORM**

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Employment: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**PET INFORMATION**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Approximate Age: \_\_\_\_\_  
Vaccines, Date, Type: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Approximate Age: \_\_\_\_\_  
Vaccines, Date, Type: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
Spayed/Neutered: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Approximate Age: \_\_\_\_\_  
Vaccines, Date, Type: \_\_\_\_\_

Do any of your pets have previous medical or surgical issues? \_\_\_\_\_  
Are any of your pets allergic to medications or vaccinations? \_\_\_\_\_  
Are any of your pets on special diets or medications? \_\_\_\_\_

**By signing below, I agree to the following terms:**

I give Northampton Animal Clinic permission to release any pertinent information about my pet to other Veterinary Health Care Providers or those people whom I have entrusted with the care of my pet. I understand that if my pet is dropped off at our facility and does not have proof that vaccinations were administered by a licensed veterinarian, we may administer the necessary vaccination(s) and perform a comprehensive physical examination. I understand that in order to purchase heartworm prevention from Northampton Animal Clinic, my pet must have an annual heartworm check and physical examination by the veterinarian. I agree to pay fees for all services rendered at the time the pet is discharged from the hospital.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_