



*Welcome*  
*To Drexel Veterinary Clinic*  
*New Client Form*

*Date:* \_\_\_\_\_

*Name (Last Name First):* \_\_\_\_\_

*Social Security #:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*Drivers License #:* \_\_\_\_\_

*Home Phone #:( )* \_\_\_\_\_ *Cell Phone #:( )* \_\_\_\_\_

*Work Phone #:( )* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Address/City/State:* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Spouse Name (Last Name First)* \_\_\_\_\_

*Social Security #* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*Driver's License #:* \_\_\_\_\_

*Work Phone #: ( )* \_\_\_\_\_ *Cell Phone #: ( )* \_\_\_\_\_

*Pet Information*

*Pets Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_

*Species:* \_\_\_\_\_ *Breed:* \_\_\_\_\_

*Sex:* \_\_\_\_\_ *Spayed:* \_\_\_\_\_ *Neutered:* \_\_\_\_\_

*Allergies:* \_\_\_\_\_

*Authorization*

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. **I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

*Signature of client responsible for pet(s)* \_\_\_\_\_ *Date* \_\_\_\_\_

**CONFIDENTIAL**