



# HANOVER VETERINARY CLINIC

P.O. Box 997  
Hanover, NH 03755  
(603) 643-3313



## New Client Form

Welcome! We are very pleased you have chosen us for your pet's care. Please complete the information below so that we may ensure accurate record keeping and can better serve you.

### Owner Information

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse's Email Address: \_\_\_\_\_

### Tell Us About Your Pet(s):

Name: \_\_\_\_\_ Dog/Cat/ Other: \_\_\_\_\_ Spayed/Neuter:  Yes  No

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Special Diet: \_\_\_\_\_ Medication: \_\_\_\_\_

Allergies (medication, Vaccines, etc): \_\_\_\_\_

Previous Serious Injury/Surgery: \_\_\_\_\_

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Special Diet: \_\_\_\_\_ Medication: \_\_\_\_\_

Allergies (medication, Vaccines, etc): \_\_\_\_\_

Previous Serious Injury/Surgery: \_\_\_\_\_

Previous Veterinarian and phone number: \_\_\_\_\_

Records: If you did not bring records on your pet(s) from your previous veterinarian, please have them fax or mail a copy for our records. Important information includes previous vaccine history, serious surgeries, chronic illnesses, recurrent prescriptions and blood work. Your signature below gives us permission to collect any records from your previous veterinarian.

**Payment Agreement: All Payments are due at the time of services rendered.** We accept cash, checks, VISA, MasterCard, and Care Credit which can be approved in as little as 10 minutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date