

New Client Information



Welcome to Banfield, The Pet Hospital®. Please help us provide your Pet with the best care possible by completing the information on this form.

Today's Date: ____/____/____

Mrs. ____ Mr. ____ Dr. ____ Ms. ____

First Name: _____ MI: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Have you been to another Banfield hospital? Yes ____ No ____ Where? _____

Additional Contact 1:

First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Authorized to treat Pet? Yes ____ No ____ Initial Here: _____

Additional Contact 2:

First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Authorized to treat Pet? Yes ____ No ____ Initial Here: _____

Additional Contact 3:

First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Authorized to treat Pet? Yes ____ No ____ Initial Here: _____

How did you hear about us?

Yellow Pages ____ Newspaper ____ Television ____ Hospital Sign ____ Radio ____ PetSmart Associate ____

PetSmart PetStylist ____ PetSmart Pet Training Instructor ____ PetSmart Charities' Adoption Centers ____

Pet Counselor ____ Personal Recommendation ____ (Whom can we thank? _____)

Other _____

Save Time & Money!

Yes! ____ I am interested in substantial savings on the best care for my Pet through an **Optimum Wellness Plan®!**

Method of Payment Today

For your convenience, at the time we perform services, we accept MasterCard, VISA, American Express, as well as cash or check (with a valid driver's license). Please check one: Cash ____ Check ____ Debit/Credit ____

Pet Information

Please fill out for **all** of your Pets!

Pet 1:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your Pet bite? yes _____ no _____

Does your Pet have allergies? yes _____ no _____

Has your Pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 2:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your Pet bite? yes _____ no _____

Does your Pet have allergies? yes _____ no _____

Has your Pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 3:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your Pet bite? yes _____ no _____

Does your Pet have allergies? yes _____ no _____

Has your Pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 4:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your Pet bite? yes _____ no _____

Does your Pet have allergies? yes _____ no _____

Has your Pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____