



NEW CLIENT FORM

****Please write legibly to ensure we can reach you for results and in the event of emergency****

***Client First Name:** _____ ***Last Name:** _____

Spouse/Secondary Owner: _____

***Home Address:** _____

Apt/ Suite #: _____ ***City:** _____ ***State:** _____ ***ZIP:** _____

***Primary Phone #:** (____) _____ - _____ **Secondary Phone #:** (____) _____ - _____

***Email Address:** _____

PATIENT INFORMATION

***Patient Name:** _____ ***DOB/ Age:** _____

***Breed:** _____ ***Species:** Canine / Feline

***Color:** _____ ***Sex:** Male / Female / Unk ***Altered:** Spayed / Neutered

***Is your pet Microchipped:** Yes / No ***Permission to scan for a microchip:** Yes / No

Previous Veterinarian Name: _____ **Phone:** (____) _____ - _____

I authorize the release of my pet's medical records to Crestview Veterinary Clinic: Yes / No

SOCIAL MEDIA CONSENT

We attach photos to our patient profiles to help us recognize your pets!

***Do you consent to photos taken of your pet?** YES / NO photos of my pet

If yes, social media is where we love showing off our patients and the great animal care we provide on sites such as TikTok, Facebook, Instagram, and others!

***Do you consent to us posting photos of your pet?** (TikTok, Facebook, Instagram, etc.)

YES (you may post pictures of my pet) / NO (do not post pictures of my pet)

***Signature:** _____ ***Date:** _____

Payment is due as services are rendered, accepted in the form of debit or credit card only. ****PLEASE NOTE - NO CASH ACCEPTED****