



New Client Information

Owner's Name: _____ Co-Owner's Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone(s): _____ home _____ cell _____ work _____

Email: for our free Pet Portal to access your pet's health records through www.E-PetHealth.com

How did you hear about us? Friend Internet Another Vet Clinic Other

Name of referring person:

Pet Information:

Name: _____ Age or Birthdate: _____ Sex: M F Neuter/Spayed?

Breed: _____ Color: _____

Name: _____ Age or Birthdate: _____ Sex: M F Neuter/Spayed?

Breed: _____ Color: _____

I give Sage Veterinary Care authorization to provide care to my pet.

Accept _____ Decline _____

I give Sage Veterinary Care permission to post photos of my pet on Social Media (e.g., Facebook, Pinterest).

Accept _____ Decline _____

By signing this, I understand that payment is due at the time of service and I am responsible for payment of all services rendered on my initial visits and all visits thereafter.

Signature

Date

...many enjoy the opportunity to care for your pet. We are your best family doctor.