

**KATY VETERINARY CLINIC  
NEW CLIENT FORM**

Dr. Kari Cleavinger, Dr. Lori Smith, Dr. Hillary Barra, Dr. Catherine Berry, Dr. Jessica Machala

Thank you for giving us the opportunity to provide care for the four-legged members of your family.  
So that we may become better acquainted, please complete the following:

**CLIENT INFORMATION**

Owner's Name \_\_\_\_\_ Co-Owner's Name \_\_\_\_\_

Primary Email Address \_\_\_\_\_  
(This address will never be shared and will only be used to send appointment reminders, annual/semi-annual reminders and test results)

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Home No. \_\_\_\_\_ Co-Owner's Home No. \_\_\_\_\_  
Owner's Cell \_\_\_\_\_ Co-Owner's Cell \_\_\_\_\_  
Owner's Work \_\_\_\_\_ Co-Owner's Work \_\_\_\_\_  
Is it OK for us to contact you at work YES \_\_\_\_\_ NO \_\_\_\_\_

How did you become aware of our clinic?

\_\_\_\_\_ Drove By \_\_\_\_\_ Welcome Wagon  
\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Past Client  
\_\_\_\_\_ Internet \_\_\_\_\_ Other  
\_\_\_\_\_ Angie's List \_\_\_\_\_ Personal Referral  
\_\_\_\_\_ Whom may we thank? \_\_\_\_\_

Which vet clinic may we contact for your pet(s) medical history?  
\_\_\_\_\_

	PET #1 Information	PET #2 Information	PET #3 Information
NAME			
SPECIES			
BREED			
DATE OF BIRTH (AGE)			
COLOR			
SEX			
SPAYED OR NEUTERED?			
BRAND/TYPE OF FOOD?			

DOG VACCINATION HISTORY	PET #1 Information	PET #2 Information	PET #3 Information
	(When Last Administered)		
RABIES			
DHLP/PARVO/CORONA			
KENNEL COUGH			
LYME DISEASE			
FECAL (STOOL CHECK)			
HEARTWORM TEST DATE			

CAT VACCINATION HISTORY	PET #1 Information	PET #2 Information	PET #3 Information
	(When Last Administered)		
RABIES			
DISTEMPER (FVRCP - P)			
FELINE LEUKEMIA VAC.			
FELINE LEUKEMIA TEST			
FECAL (STOOL CHECK)			

I am, or represent, the owner of the pet(s) listed above:

\_\_\_\_\_ (Signature)

I grant Katy Veterinary Clinic, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Katy Veterinary Clinic may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content

\_\_\_\_\_ The above may take photos of me and/or my pet

\_\_\_\_\_ The above may NOT take photos of me and/or my pet

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

We accept AmEx, Discover, MasterCard, Visa, CareCredit, Cash, Check. All fees are due at the time services are

Katy Veterinary Clinic  
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