

*Sigman Veterinary Clinic*

*10257 Highway 142 North*

*Covington, Georgia 30014*

*770-787-1581*

**New Client Form**

Thank you for giving us the opportunity to care for your pet(s).

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Other Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

*Do they have permission to make medical decisions on your behalf? YES NO*

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Information** | **Pet #1** | **Pet #2** | **Pet #3** |
| Name |  |  |  |
| Species |  |  |  |
| Breed |  |  |  |
| Color |  |  |  |
| Birthday/Age |  |  |  |
| Gender | Male/Female | Male/Female | Male/Female |
| Neutered/Spayed | Yes/No | Yes/No | Yes/No |
| Any serious illness?  *Ex: seizures, heart murmur* |  |  |  |
| Known Allergies?  *Ex: vaccines, medications* |  |  |  |
| Current Medications  *Include prescription, over the counter, and supplements; dosages and frequency* |  |  |  |

May we call your previous Veterinarian for medical records? **YES NO**

Previous Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pictures/Social Media:** Please initial whether we have permission to use your pet(s) picture on our website, social media, and/or in print for educational purposes and/or advertising.

**YES, I give my consent:\_\_\_\_\_\_\_\_\_ NO, please do not photograph my pet(s):\_\_\_\_\_\_\_\_\_**

*I hereby authorize the veterinarians to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care for and treatment of this animal. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for surgical or emergency treatment.*

*We accept Cash, Check, Debit, VISA, Mastercard, American Express, and Discover.*

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Signature Date