



Barton Heights Veterinary Hospital

NEW CLIENT FORM

Welcome and thank you for choosing Barton Heights Veterinary Hospital! Rest assured your pet's health, comfort and wellbeing are our number one priorities. Compassion, patience, love and respect are what to expect at Barton Heights Veterinary Hospital.

Please print out this form and bring it to the veterinary hospital in order for us to better serve you at your upcoming appointment.

OWNER(S) NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME#: (____) ____ - ____ CELL #: (____) ____ - ____ WORK#: (____) ____ - ____

EMAIL: _____

How did you become aware of our hospital? _____

What made you select our hospital? _____

Name of Previous/Current Veterinarian: _____

Pet Information

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Date of Birth _____ Sex: Male Female Neutered/Spayed

Current Medications: _____ Is your pet primarily indoors / outdoors?

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Date of Birth _____ Sex: Male Female Neutered/Spayed

Current Medications: _____ Is your pet primarily indoors / outdoors?

What factor's are important to you in your pet's health care provider? _____

ALL FEES ARE DUE AND PAYABLE AT TIME SERVICES ARE RENDERED