



GUILFORD VETERINARY HOSPITAL, LLP

81 Saw Mill Rd ~ Guilford, CT 06437
Phone: 203-453-2707 Fax: 203-453-2709
www.guilfordvet.com

NEW CLIENT INFORMATION

Owner: _____ Spouse/Other: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Spouse Work Phone: _____ Spouse Cell Phone: _____

How did you hear about us (please circle)?

Phone Book **Sign** **Ad** **Friend/Family (Name)** _____ **Other** _____

Animal #1

Name _____ Species _____ Breed _____ Sex M / F

Altered? Y / N Color/Description _____ Date of Birth/ Age _____

Taking any Medications? Y/N If yes, what: _____ Any known allergies? _____

What brand of food are you feeding? _____ Canned or Dry? _____

Animal #2

Name _____ Species _____ Breed _____ Sex M / F

Altered? Y / N Color/Description _____ Date of Birth/ Age _____

Taking any Medications? Y/N If yes, what: _____ Any known allergies? _____

What brand of food are you feeding? _____ Canned or Dry? _____

Animal #3

Name _____ Species _____ Breed _____ Sex M / F

Altered? Y / N Color/Description _____ Date of Birth/ Age _____

Taking any Medications? Y/N If yes, what: _____ Any known allergies? _____

What brand of food are you feeding? _____ Canned or Dry? _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you desire. Please ask the doctor or receptionist.

I, the undersigned owner of the pet(s) identified above, consent to the examination of my pet(s) by Guilford Veterinary Hospital staff and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my pet(s). I understand that some risks always exist with anesthesia and or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required for my pet(s), Guilford Veterinary Hospital staff has my permission to provide such treatment and I agree to pay for such care.

Signature of Owner or Agent _____ Date: _____

(Must be 18 years of age or older)