

Waverly Animal Hospital, Boarding & Grooming

233 S. Waverly Road | Lansing, Michigan 48917 | (517)323-4156

www.waverlyanimalhospital.com

NEW CLIENT FORM

("owner" refers to pet owner)

Owner's Name: (last, first)	Owner's Street Address:	City, State, Zip:
Home Phone:	Cell Phone:	Email Address:
Emergency Contact Name: <small>(other than owner)</small>	Emergency Contact Phone:	Authorized visitors or drop-off/pick-up (if other than owner):
Previous Veterinarian Name/Facility:	Previous Veterinarian Phone:	Permission to obtain veterinary medical records if necessary (circle): YES NO

PET #1: PET'S NAME	Age/DOB	Species and Breed	Color	(circle one) male/female spayed/neutered
Medications and Health Conditions				
Name of Medication	Quantity Given	Frequency	Time of last dose given	
Please list any medical conditions or health concerns your pet has: _____				
1. Has your pet been trained to bite a human?	YES___	NO___		
2. Has your pet ever growled at another animal?	YES___	NO___		
3. Has your pet ever growled at a person?	YES___	NO___		
4. Has your pet ever bitten/attacked another animal?	YES___	NO___		
5. Has your pet ever bitten/attacked a human?	YES___	NO___		
If YES, please explain: _____				

PET #2: PET'S NAME	Age/DOB	Species and Breed	Color	(circle one) male/female spayed/neutered
Medications and Health Conditions				
Name of Medication	Quantity Given	Frequency	Time of last dose given	
Please list any medical conditions or health concerns your pet has: _____				
1. Has your pet been trained to bite a human?	YES___	NO___		
2. Has your pet ever growled at another animal?	YES___	NO___		
3. Has your pet ever growled at a person?	YES___	NO___		
4. Has your pet ever bitten/attacked another animal?	YES___	NO___		
5. Has your pet ever bitten/attacked a human?	YES___	NO___		
If YES, please explain: _____				

Client/Owner Name: _____ Signature: _____ Date: _____

** If space is needed for additional pets, please print as many additional forms as necessary.*