



# New Client Information Form

## Owner Information:

Owner / Caregiver : \_\_\_\_\_

Street Address (mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (if desired): \_\_\_\_\_

Partner / Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

I had my previous records faxed to your clinic at (830) 625-2283 (**RECORD RELEASE SHEET ATTACHED**)

My previous records are attached

Please transfer my records from my previous veterinary clinic: (**PLEASE FILL OUT ATTACHED RECORD RELEASE**)

Clinic Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Pet Information: (if more space is needed please use back of this page)

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color / Description: \_\_\_\_\_

DOB / Age: \_\_\_\_\_ Gender: Male / Intact Male / Neutered

Female / Intact Female / Spayed

Current on Vaccinations? YES NO UNKNOWN

On heartworm preventative (dogs)? YES NO UNKNOWN (if yes, what brand? \_\_\_\_\_)

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color / Description: \_\_\_\_\_

DOB / Age: \_\_\_\_\_ Gender: Male / Intact Male / Neutered

Female / Intact Female / Spayed

Current on Vaccinations? YES NO UNKNOWN

On heartworm preventative (dogs)? YES NO UNKNOWN (if yes, what brand? \_\_\_\_\_)



New Braunfels Veterinary Clinic  
1868 East Common Street  
New Braunfels, TX 78130  
ph. 830-625-8591 fax. 830-625-2283

To Whom It May Concern:

Please release medical records (including any doctor's notes) for my pet(s) to the veterinarians of New Braunfels Veterinary Clinic and their staff.

Please send copies of these records directly to New Braunfels Veterinary Clinic at 1868 East Common, New Braunfels, TX 78130, fax number (830) 625-2283.

Owner: \_\_\_\_\_

Owner's Current Address: \_\_\_\_\_

NAME AND DESCRIPTIONS OF ALL PETS FOR WHOM WE ARE REQUESTING RECORDS:

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Thank you for your prompt attention to this request.

Sincerely,

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Owner