



**Neartown
Animal
Clinic**

Client Information



The Standard of
Veterinary Excellence

Your Name: Mr. Mrs. Ms. Dr. _____ Your Date of Birth: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone #1 _____

Work Phone _____ Cell Phone #2 _____

SSN _____ Driver's License: _____ State _____

Spouse/Partner _____ Phone # _____

*Email _____

Your email address gives you the convenience of your very own Pet Portal. * Check pets' vaccinations status * Request appointments/boarding * Purchase medication/food refills * Make better decisions about pets' health & well-being * Discover ways to help your pet live a longer & healthier life * Inform us if pet is lost/deceased * Notify of address change.

How did you become aware of our clinic?

Sign _____ Internet _____ Yelp _____ Yellow Pages _____ Here Previously _____ Vet _____

Friend/Relative- Name _____ Other _____

Which do you feel most applies to you:

Check one

_____ I feel that my pet is another member of our family.

_____ I feel that my pet is just a pet.

Check one

_____ I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health.

_____ I want my pet healthy, but don't need to know what has been done.

Check one

_____ I prefer to be present when my pet is examined and treated.

_____ I would rather not see my pet examined and treated.

