

New Client Form

Owner: _____ Spouse: _____

Address: _____
Street City State Zip

I live in: subdivision/neighborhood____ apartment____ countryside____

Email Address: _____

Phone number: _____

Emergency contact number: _____

Is there anyone else that has permission to make decisions for your pets care?

Do you order prevention/medications from online pharmacies?

Yes____ No____

Are you Military or do you ever plan to fly with your pet? Some countries require 6 months of planning in advance so let us know ASAP! _____

Previous Veterinary office: _____

How did you hear about us? Sign____ Online____ Friend ____ Other____

I will allow Ambassador Animal Hospital to post my pet's picture on our website/Facebook Page: Yes____ No____

PAYMENT IN FULL IS EXPECTED AT TIME OF SERVICE

Owner Signature: _____

Date: _____