



**STEVEN D. GILES**  
*Doctor of Veterinary Medicine*

## NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet(s). Please complete the following information so that we may better serve you.

### RESPONSIBLE PARTY INFORMATION:

Name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone \_\_\_\_\_ Spouse's Wk. Ph: \_\_\_\_\_

Which of the following prompted you to bring your animal(s) to Village Animal Hospital?

Former client  Drove by/Sign  SWBYP's  Feist  Referral-Whom may we thank? \_\_\_\_\_

I acknowledge that I am the owner or acting upon direct request of the owner of the pet(s) brought into this facility. Furthermore, I accept all financial responsibility for any and all care rendered while at this facility and understand that payment is due in full at the time that services are rendered.

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_



### PATIENT INFORMATION:

Pet #1:	Pet #2:																																													
Name: _____ Sex: M F	Name: _____ Sex: M F																																													
<input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other _____	<input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other _____																																													
Breed: _____ Color: _____	Breed: _____ Color: _____																																													
Birth date: ____ - ____ - ____ Spayed/Neutered: Y N	Birth date: ____ - ____ - ____ Spayed/Neutered: Y N																																													
Previous illnesses/surgeries: _____	Previous illnesses/surgeries: _____																																													
Allergies to vaccinations or medication: _____	Allergies to vaccinations or medication: _____																																													
Name of diet your pet is being fed: _____	Name of diet your pet is being fed: _____																																													
Any aggressive tendencies? Y N	Any aggressive tendencies? Y N																																													
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At Village Animal Hospital, we provide a full service environment including surgery, medicine, dentistry, grooming and boarding. In conjunction with Veterinary Emergency and Critical Care, we are able to provide 24-hour care for your pet, seven days a week. We are happy to answer any questions you may have and strive to provide quality care and service to our clients. Thank you for allowing us to serve you.

