

# Welcome to Happy Tails

## NEW CLIENT INFORMATION

Name: \_\_\_\_\_  
Last First

Spouse: \_\_\_\_\_ Children's names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone #1: (\_\_\_\_) \_\_\_\_\_ Provider: \_\_\_\_\_  
Name

Cell Phone #2: (\_\_\_\_) \_\_\_\_\_ Provider: \_\_\_\_\_  
Name

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

How did you hear about us?

- Drive By
- Yellow Pages
- Website/Internet
- Referral by: \_\_\_\_\_
- Other: \_\_\_\_\_

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	Pet #1	Pet #2	Pet #3	Pet #4
<b>NAME</b>				
<b>SPECIES</b>				
<b>BREED</b>				
<b>COLOR</b>				
<b>Date of Birth/ AGE</b>				
<b>GENDER</b>				
<b>SPAYED/ NEUTERED</b>				

Did you bring your pet's records today?

Yes

No

Any other important information or medical history that you would like us to know about:

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