



**NEW CLIENT  
INFORMATION SHEET**

Thank you for choosing us for your pet's veterinary services.  
Please help us to better serve you by completing this form in its entirety.

**Client/Spouse Information**

**Date:**

Name: Phone #:  
Address: City/State/Zip:  
Birth date: Social Security #: D/L#:  
Email: Cell #:  
Employer: Work #:

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Spouse: Birthdate:  
Social Security: D/L#:  
Email: Cell #:  
Employer: Work #:

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**Other Person(s) authorized to order treatment or obtain information(optional):**

Name: Phone #:  
Address: City/State/Zip:

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**How did you choose Belton Animal Clinic (Check all that apply):**

Previous client with another pet      Internet  
Newspaper Ad      Television Commercial  
Direct Mail/Postcard      Location/Drive-by  
Summit Publications Phone Book      BBC Yellow Pages/Phone Book  
Referred by:

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**Please list all animals we are seeing today:**

Species	Name	Breed	Color	DOB	Sex	Spayed/Neutered
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Do you have pet insurance?      If yes, Policy #:

I'd like more information about pet insurance      Yes      No

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**ALL FEES ARE DUE AS SERVICES ARE RENDERED**

We are pleased to accept: Cash, Check, Visa, Mastercard, Discover and CareCredit.