



Client/Patient Information

WELCOME TO ATLANTIC!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by filling out this form completely and signing it.

Client Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work: (_____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Would you like to receive e-mail reminders? Yes or No

Does your pet have insurance? Yes or No

Does your pet have a microchip? Yes or No Chip# _____

Would you like more information about microchipping? Yes or No

If you wish to pay by check or credit card, please complete the following:

Employer: _____ Drivers License Number _____

How did you hear about our hospital? Is there someone we can thank?

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS, AND CATS MUST BE CURRENT ON RABIES.
This can be updated at the time of your appointment if it is not current.

Please complete information for all your pets-Thank you!	Pet #1	Pet #2	Pet #3
Previous Veterinary Clinic: Address, Phone Number			
Pet's Name			
Species (Dog, Cat, etc.)			
Breed			
Description (color)			
Age or Date of Birth			
Sex			
Altered or Spayed?			

Signature_____Date_____