

**Whispering Pines Pet Clinic  
New Client Information Form**

Thank you for visiting Whispering Pines Pet Clinic! In order to help us serve you better, please fill out the following as completely as possible.

Name \_\_\_\_\_ (Dr/Mr/Mrs/Ms/Miss)  
Alternate Name (spouse, partner, etc.) \_\_\_\_\_

Street Address \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Emergency or alternate phone number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Indicate here if you would like to receive reminders, newsletters, etc. via email

(We promise to only use your address for good, and we would never use it for anything other than Whispering Pines Pet Clinic informational purposes)

How did you hear about us? Circle one:      TV Commercial      Yellow Pages  
Location/saw sign      Internet/Web Site      Web Search      Pet Store  
Humane Society      Emergency Clinic      Veterinarian Referral      Bird/exotic Club  
Friend/family Referral      Newspaper Ad      Previous Client      Safeway Cart/Receipt  
Please note name of referring person, link or media ad:

\_\_\_\_\_

Please note which Yellow Pages you used, if known:

AT&T big book      Valley YP      Yellow Book      Paradise Post Big      Paradise Post Small

Are you a:      Breeder/aviary/farm      Pet Store      Rescue Organization (tax-exempt)

Pet #1 Name _____	Pet #2 name _____
Species _____	Species _____
Breed _____	Breed _____
Color _____	Color _____
Sex _____ Neutered? _____	Sex _____ Neutered? _____
Date of Birth _____	Date of Birth _____
Historical health problems _____	Historical health problems _____
_____	_____
_____	_____
_____	_____
Reasons for today's visit _____	Reasons for today's visit _____
_____	_____
_____	_____