

Timpanogos Animal Hospital
815 S Main Street
Pleasant Grove, UT 84062
801-785-3583



New client information questionnaire

Last Name _____ First _____ Spouse _____
Address _____ Apt # _____
City _____ State _____ Zipcode _____
Home Phone _____ Work _____ Spouse Work _____
Email address _____ Drivers License Number _____
How did you hear about us? _____ Whom may we thank? _____

Pet Name _____	Pet Name _____
Breed _____	Breed _____
Date of Birth _____	Date of Birth _____
Color _____ Sex M NM F SF (Circle one)	Color _____ Sex M NM F SF (Circle one)
Chip or tattoo number _____	Chip or tattoo number _____
Last date & vaccinations given _____	Last date & vaccinations given _____
Current conditions/illnesses and medications, If any _____	Current conditions/illnesses and medications, If any _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Method of payment: Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___
American Express ___ CareCredit ___

Signature of Owner or Agent _____ Date _____