



Arlington & East Memphis Pet Hospital New Client Form

S. Garrett Davis, DVM Jennifer Bean Allen, DVM Heather Laros-Beard, DVM Winfield Waters, DVM
Alisha Hezel, DVM Charles A. Rahm, Jr., DVM Mary Marshall Fenton, DVM Catie Jensen, DVM

We would like to take this opportunity to thank you for giving Arlington & East Memphis Pet Hospitals the opportunity to care for your pet(s). Please complete the following information so that we may serve you to the best of our ability.

Name: _____ Spouse's Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: Cell: _____ Spouse Cell: _____ Work: _____

Employer: _____ Email: _____

We promise that this information will be kept confidential and that your email will be used solely for the purpose of reminders for your pet and a monthly messages about specials/discounts and updates regarding issues affecting your pet's health. It will under no circumstance be given out to other companies or abused in any way. (It will strictly serve as a means for us to easily contact you while keeping your pet current and healthy).

How did you hear about our clinic? () Website () Mailer/Flyer () Yellow Pages () Current Client

Pet A Name: _____

Pet B Name: _____

Date of Birth: _____

Date of Birth: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Male or Female: _____

Male or Female: _____

Spayed or Neutered: Y or N

Spayed or Neutered: Y or N

Current on Vaccines: Y or N

Current on Vaccines: Y or N

Date of Last Vaccines: _____

Date of Last Vaccines: _____

Previous Veterinarian: _____

*****ALL FEES ARE DUE WHEN SERVICES ARE RENDERED*****

We accept cash and all major credit cards. Per company policy, we do not accept checks

Please Sign: _____ Date: _____

Thank you – Arlington & East Memphis Pet Hospitals Staff