



Timberlake Animal Hospital New Client Form

Owner(s) Information

Owner Name: _____

Spouse/Significant Other: _____

Address: _____

Home/Cell Numbers: _____

Do you prefer calls _____ or texts _____? *I consent to receive SMS text messages from Timberlake Animal Hospital. Msg&data rates may apply. Consumer information is not shared with third-parties for marketing purposes.*

Place of Employment: _____

Work Number: _____

Email Address _____

*****Payment is due at time of service.*****

*****We accept cash, credit/debit cards, or Care Credit. No checks allowed*****

Pet Information

Patient Name: _____ Species (circle one): Canine / Feline

Breed: _____ Color: _____ Sex: _____ Spayed/Neutered? _____

Date of Birth: _____

How did you hear about Timberlake Animal Hospital? (circle all that apply)

Friend: _____ Location Facebook Website Google

