



**New Client Information**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone #1 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_

Email\* \_\_\_\_\_

\*Please check box if email is your preferred method for reminders

How did you hear about us? \_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_ Age/D.O.B. \_\_\_\_\_

Species: Dog / Cat / Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Male/Neutered  Female  Female/Spayed

Pet's Name \_\_\_\_\_ Age/D.O.B. \_\_\_\_\_

Species: Dog / Cat / Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Male/Neutered  Female  Female/Spayed

\* Additional pet information may be added on back of form

I authorize Butler Animal Clinic, Inc to release my pet's medical records to other veterinarians/animal facilities for the purpose of continued care as they see fit.

All payments are due at the time services are rendered. We accept cash, checks, all major credit cards, and Care Credit (which can be approved in as little as 10 minutes). I have read and understand the above statement and agree to all terms therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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