

**Haile Plantation Animal Clinic  
5231 SW 91<sup>st</sup> Dr  
Gainesville, FL 32608  
352-377-6003**

**New Client Form**

**Please Read: For the safety of your animal, yourself, and others, all animals must remain on a leash, in a carrier, or be otherwise restrained.**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**All payments are due at the time services are rendered.**

**Patient Information:**

**Pet #1**

**Pet #2**

**Pet #3**

**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Spayed/Neutered: Yes or No**

**DOB:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Previous Illnesses:** \_\_\_\_\_

**Surgeries:** \_\_\_\_\_

**Special Diet:** \_\_\_\_\_

**Previous Veterinarian:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please let us know how you heard of us: (Please circle one)**

**North Florida School Days**

**Gainesville Magazine**

**Gainesville Homes**

**Critter**

**Our Town**

**Village Journal**

**Yellow Pages**

**Website**

**Word of Mouth**

**Other:** \_\_\_\_\_

**Client Information**

**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DL:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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

**(The above information is for checking writing purposes)**

**Please List Other Authorized Persons  
(Must Be 18 and Older)**

**Name:** \_\_\_\_\_ **Relation :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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