**Thank you for selecting New Pittsburg Veterinary Clinic to care for your pets. To assist us in establishing your medical records, please complete the following questionnaire as completely as possible.**

**Last Name First Name** M.I.  **Cell #**

Mailing/Street Address Apt # City/State Zip **County**

**E-mail Address** Home/Alternate Phone #

Employer Telephone Extension

Spouse/Last Name First Name M.I. **Cell#**

Spouse’s Employer Telephone Extension

 **Pet’s Name Date of Birth Previous Clinic(s)/Vaccine History**

***Can your pet(s) photos be used on our Website/Social Media?*  YES / NO**

***Who Can We Thank for Referring you to our Clinic? Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Alternate Emergency Contact Telephone**

* **Full Payment is required at the time services are rendered**. How do you prefer to make payment today?

Ο Cash Ο Check Ο Visa O Mastercard Ο Discover O Other

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**