**NEW CLIENT FORM**

**Email the completed form to rollinpaws@outlook.com**

**Personal information:**

* Your first and last name:
* Preferred email:
* Physical address:
* Phone number:

**Pet information:**

* Name:
* Age:
* Species:
* Breed:
* Sex:
* Color:
* Approximate weight:

If you’re registering more than one patient with us, please answer the “Pet information” separately for each pet.

**General questions:**

* Are you looking to schedule an appointment at this time or would like to schedule one at a later date?
	+ If you’d like to schedule at this time, what days of the week/time(s) of the day would be optimal for you?
	+ What would you like to address during your appointment? (Annual exams, vaccines, illness, euthanasia, etc)

If you have medical records from another vet clinic and would like to forward them to us, please send them to rollinpaws@outlook.com so we can upload them to your file once we’ve added you to our database.