



## New Client Information

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

Address: \_\_\_\_\_

Phone (Best): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Secondary Contact (name and phone): \_\_\_\_\_

## Patient Information and History

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered? Y/N

Primary Veterinarian: \_\_\_\_\_

List any history of surgeries, illnesses, or medical conditions: \_\_\_\_\_

\_\_\_\_\_

List of Medications: \_\_\_\_\_

\_\_\_\_\_

Do you give On The Run Animal Rehabilitation and Massage consent to post photos and videos of your pet on social media? **Yes** \_\_\_\_ **No** \_\_\_\_

**\*Appointments canceled with less than 24-hour notice are subject to a cancelation fee equal to the full cost of the scheduled appointment. \***

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