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New Client Form

Your information will not be bought or sold for advertising purposes and is strictly for the purpose of serving you.

Client Name: _____ Spouse: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____

Work Phone: _____ Spouse Phone: _____

Alternate Contact: _____ Alt. Contact Phone: _____

Email: _____

Driver's License Number: _____

Place of Employment: _____

Spouse Place of Employment: _____

Would you like to be contacted via email? _____

Would you like to be contacted via text message? _____ Which Number? _____

How did you find us? (circle one)

Ad in paper

Internet

Drove by

Friend - Whom? _____ **Other:** _____

The following questions are designed to help us get a better idea of your pet situation so we can serve you better.

How many pets do you have currently? _____

About how many times in the last year have you visited a veterinarian? _____

Do you travel with your pets? _____ Where? _____

Is there anything in particular you would like us to know about you? _____

I understand payment is due at the time services are rendered and that Leander Veterinary Clinic does not offer in house financing. _____ Date: _____