**New Client / New Patient Form**

Pumpkin Hill Veterinary Clinic  
6265 Tower Hill Rd, Byron, NY 14422  
(585) 548-9097

To ensure the best care for pets and quality communication with owners, please provide the following:

\*Are you a returning client? € Yes € No

Owner’s Name\* (\**owner must be 18 years or older*).

Address . City . State . Zip .

Home Phone ( ) — . Cell Phone\* ( ) — Accepts Texts? € Yes € No

Email\* . (\*communication means for alerts, recalls, confirmations & medical health reminders)

Spouse / Sig. Other: . Email: .

Home Phone ( ) — . Cell Phone ( ) — Accepts Texts? € Yes € No

Is there anyone else authorized to drop off, pick up, or make medical decisions, including euthanasia for your pet(s)? If so, please list them below:

Name: Phone: ( ) — . Accepts Texts? € Yes € No

Name: Phone: ( ) — . Accepts Texts? € Yes € No

Patient Name\* . Species (circle one): Dog Cat Other

Breed: Color: .

Sex: . Spayed or Neutered? .. Birth Date: .

Vaccine Dates: (please provide paperwork for our records)

Dog: Rabies: . Distemper/Parvo: . Heartworm Test: .

Cat: Rabies: . Distemper: . Leukemia: .s

Any known allergies? Special diet or medications? .

Reason for visit: .

Have you taken your pet(s) to a Veterinarian before? (circle one): Yes No  
If so, where? If so, is there a reason for changing? .

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How did you hear about us / who referred you? .

Will you consider seeing us for routine visits? (circle one): Yes No

\*In signing below, I agree that the above information is true and accurate:

Signature of Owner or Responsible Party Date .

Printed Name of Owner or Responsible Party .