



**THE SAMS CLINIC**  
*Veterinary Specialists*

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EMPHASIZING MINIMALLY INVASIVE DIAGNOSIS AND TREATMENT

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**NEW CLIENT FORM**

**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Best Contact #: 1. \_\_\_\_\_  Home  Work  Cell

2. \_\_\_\_\_  Home  Work  Cell

3. \_\_\_\_\_  Home  Work  Cell

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

(for clinic communication only)

**PET INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Canine/Feline

Female/ Female spayed      Male/ Male neutered

Breed \_\_\_\_\_ Color \_\_\_\_\_

I authorize the use of photographs and radiographs of my pet for educational and marketing purposes, which may include social media such as Facebook, Twitter, Instagram, YouTube, Yelp, etc.

**I agree to pay for services at time of discharge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_