



1425 W. Southern Avenue Suite #13  
Tempe, Arizona 85282

## New Client Sheet

### Owner's information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Secondary ownership:

First name \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

### How did you hear about us?

Facebook: \_\_\_\_\_ Google \_\_\_\_\_ Yelp \_\_\_\_\_

Referral (by whom?) \_\_\_\_\_ Other: \_\_\_\_\_

The doctors and staff of Tempe Pet Clinic are to use all reasonable precautions against injury, escape, or death of my pet, but will not be held liable or responsible in any manner in connection therewith as it is understood that I assume all risks. I am aware that Tempe Pet Clinic does not have staff on site 24 hours a day.

I hereby authorize Tempe Pet Clinic and/or veterinarian to examine, prescribe for, and treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that charges are paid for at the time of service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Today's Date