



Welcome to Northeastern Veterinary Care Center! So that we may better understand the needs of our clients and their pets, we would appreciate it if you would take a few moments to fill out the short questionnaire below.

Client/Owner Information

Date: _____

1. Client/Owner Name: _____
2. Co-Owner Name: _____
3. Home Address: _____
City: _____ State: _____ Zip: _____

(*Please check primary phone number below)

4. Phone: *Home* () _____ *Mobile* () _____
5. Would you like to receive text message updates on the status of your pet? **Y**() **N**()
6. E-Mail Address (for vaccination reminders, patient info & medication promotions **only**):

*** Please note, in an effort to reduce paper waste, ALL PATIENT REMINDERS, such as necessary vaccine or medication updates, will be sent via email. Paper reminder cards will *not* be sent via USPS.**

7. Name of pet(s) & DOB (or estimated age): _____

8. Species (canine, feline, other): _____
9. Has your pet been spayed or neutered? _____
10. How does your pet typically respond to new people, new places & other animals?

11. Please let us know, how did you hear about our clinic?

12. Do you allow pictures of your pet to be posted on our social media accounts (i.e. Facebook, Instagram, etc) **Y**() **N**()