

New Client Form – XpectaVet LLC

First Name: _____ Last Name: _____

Co-Owners Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

How Long At Current Address? _____

Main Phone #: _____ Cell Phone#: _____

Work Phone#: _____ Alternate#: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

How Did You Here About Us? (please select)

- Google Search Internet Ad Mailing
 Flier Our Vehicle Magazine Ad
 Friend (give us their name, you both will receive a \$20 Gift Certificate!) _____
 Other (please specify): _____

Pet's Name: _____ Species: _____

Breed: _____ Sex: _____

Age: _____ Aprox. Weight: _____ Color: _____

Aggression (circle one): none mild moderate severe

Current/Previous Animal Hospital: _____

Date Of Last Vaccines: _____ Current on Rabies Vaccine? (circle) YES NO

List Any Known Medical Conditions/Allergies: _____

Please fill out form completely. Print & fax back to 630-613-9797 or save and email to contactus@xpectavet.com