

**NEW CLIENT INFORMATION FORM**  
**MERRIMAC VALLEY ANIMAL HOSPITAL**

Welcome to MVAH. Please take a few minutes to fill in the information below so we may keep our records as accurate as possible.

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Primary phone (home, work, cell circle one): \_\_\_\_\_

Secondary phone (home, work cell circle one): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Would you like to receive reminders when exams and vaccines are due by **e-mail** or **regular mail** (circle one)

Please list the people who are able to make medical decisions about your pet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Merrimac Valley Animal Hospital? If someone referred you, whom may we thank? \_\_\_\_\_

List your pets:

Name	Species	Breed	Sex	Age	Color

You may print and bring this form to the office the day of procedure or attach to an email and send back to [vetinfo@merrimacvalley.com](mailto:vetinfo@merrimacvalley.com)