



ANIMAL HEALTH CLINIC OF HUMBOLDT P.C. INC.

626 2nd St.

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New Client Form

Client First and Last Name	
Spouse First and Last Name	
<u>Mailing Address</u> Box Number City, Province Postal Code	
Home Phone:	
Cell Phone:	
Other:	
Email Address:	
Preferred Method of Communication	Please circle: Email Postal Mail

	1	2	3
Pet Name			
Species (canine, feline etc)			
Breed			
Age/Date of Birth			
Sex			
Spayed/Neutered?			
Previous Vaccination Date			
Current Medication			

Where Did You Hear About Our Clinic?	
Permission To Use Your Pet's Picture on Social Media?	
Signature:	