



4509 Lemmon Ave., Dallas, TX 75219
 (p) 214-329-9454 (f) 214-329-9459
 HEALvet.com

New Client Information

(Primary Pet Guardian/ Financially Responsible Party)

Client Name:		
Address:		
City:		Zip Code:
Cell Phone:	Work Phone:	Home Phone:
Primary Email Address: <hr/>		
<small>*Please note that our primary form of communication for appointment confirmations and reporting of test results is via email.</small>		
Employer:		Occupation:
DL State of issue and number:		
How did you hear about HEAL? <hr/>	If yes, whom should we thank? <hr/>	
<small>*If your regular veterinarian referred you to us for specific services, please complete the referred client paperwork.</small>		
<p>To offer comprehensive care and help support the bond between you and your pet, please note if you or someone in your home, or to whom your pet is consistently exposed, has any type of immune system disorder. This may include Crohn's, Alcoholism, Cancer, etc.</p> <p style="text-align: center;">Circle : Yes No</p>		
Secondary Custodial Parent Information		
Name:		
Address:		
Contact Number:	Email Address:	