

New Client Information Form

1. Please Print

2. Date_____
3. Owner's Name_____
4. Spouse/Other_____
5. Social Security #_____ Driver's License#_____
6. Address_____ Apt#_____
7. City_____ State_____ Zip_____
8. Home Phone_____ WorkPhone_____ Employer_____
9. Cell Phone_____ E-Mail_____
10. What time is it best to call about your pet?_____ and at what number?_____
11. In case of Emergency, Call _____ at phone#_____

How did you become aware of our clinic? Website Clinic Sign Google Vet Locator Yelp

Pet Information

Pet's Name_____ Species_____ Breed_____

Color_____ Date of Birth_____ Sex: Male Female

Neutered or Spayed: Yes No

Medication

Is your pet currently receiving medication? Yes No If yes please list_____

Does your pet have any Drug Allergies? Yes No If yes please list_____

Method of Payment: Cash Check Visa Mastercard Discover Care Credit

I declare that all the information given is correct. It is also my understanding THAT ALL FEES ARE DUE AT THE TIME SERVICES ARE COMPLETED. A check returned for any reason will be charged a \$25.00 service charge. Any and all collection costs by a collection agency including reasonable attorney fees and percentages will be added to this debt if it is sent to collections. Accounts 30 days past due will be assessed a finance charge of 2% per month with a minimum charge of \$2.

Print Name_____

Signature_____ Date_____

Hospital Employee_____