

# Animal Care Center

## New Client Form

Today's date \_\_\_\_\_

Client acct# \_\_\_\_\_

### Client Information:

Your name \_\_\_\_\_ Spouse/Co-owner name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Contact options: Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact Information:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_

### Payment Information:

*All fees are due at the time services are rendered*

Please indicate your preferred choice of payment:

- Cash
- Credit Card
- Care Credit (*application available*)
- Check

### Referral Information:

*How did you find us?*

- Yellow pages
- It's Your Home Magazine
- Previous client returning
- Location/drove by
- Client referral (name) \_\_\_\_\_  
(we would like to thank them)
- Internet
- Other: \_\_\_\_\_

### Patient Information:

Previous Hospital \_\_\_\_\_ Dr: \_\_\_\_\_ Ph# \_\_\_\_\_

*(we would like to verify vaccination status and other pertinent history)*

	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>
<b>Name</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Sex (spayed/neutered)</b>			
<b>Date of Birth</b>			
<b>Microchipped?</b>			

For Office Use: