



**KIRKPATRICK VETERINARY HOSPITAL
NEW CLIENT INFORMATION**

Please Print

Date _____

Owner's Name _____

Spouse / Other _____

SSN _____ Driver's License # _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

When is the best time to call about your pet _____ Phone # _____

In case of an **EMERGENCY**, call _____ Phone # _____

How did you become aware of our clinic? _____

Individual (someone we can thank) _____

Pet Information:

Pet's Name _____ Species _____ Breed _____ Color _____

Date of Birth or Age _____ Circle One: Male or Female Neutered: Yes / No Spayed: Yes / No

Other Pets: Name _____ Species _____ Breed _____ Color _____

Date of Birth or Age _____ Circle One: Male or Female Neutered: Yes / No Spayed: Yes / No

Name _____ Species _____ Breed _____ Color _____

Date of Birth or Age _____ Circle One: Male or Female Neutered: Yes / No Spayed: Yes / No

Name of previous/current vet _____

Is pet on medication? Yes / No What? _____

Does your pet have any known drug allergies? Yes / No What? _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during night time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____

