Southview Animal Hospital

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may better serve you, please complete the following:

CLIENT INFORMATION

Name _____ ***Co-Owner** _____

 *If listing a co-owner, please select one of the following: ☐ Spouse ☐ Significant Other ☐ Family ☐ Friend ☐ Other _____

Address _____ **City** _____ **State** _____ **Zip** _____

Primary Phone _____ **Other Phone** _____ **Co-Owner Phone** _____

*E-mail _____

 *We will not sell or share your email address. If you provide your email we will be able to send you vaccination and medication reminders.

Employer _____ **Work Phone** _____

How did you hear about us?

☐ Internet Search/Google   ☐ Humane Society/Rescue   ☐ Personal Recommendation: (Who?)_____

☐ Sign/Location   ☐ Phone Book/Newspaper   ☐ Other: _____

PET INFORMATION   Pet #1   Pet #2

Name _____	**Name** _____
Species: ☐ Dog ☐ Cat ☐ Bird ☐ Reptile ☐ Other	**Species:** ☐ Dog ☐ Cat ☐ Bird ☐ Reptile ☐ Other
Breed _____ **Age** _____	**Breed** _____ **Age** _____
Color _____ **Birthday** _____	**Color** _____ **Birthday** _____
Sex: ☐ Male ☐ Female **Spayed/Neutered:** ☐ Yes ☐ No	**Sex:** ☐ Male ☐ Female **Spayed/Neutered:** ☐ Yes ☐ No
Microchipped: ☐ No ☐ Yes, # _____	**Microchipped:** ☐ No ☐ Yes, # _____
Any allergies to medications or vaccinations? ☐ No ☐ Yes	**Any allergies to medications or vaccinations?** ☐ No ☐ Yes
Important Notes _____	**Important Notes** _____

*Previous Vet Clinic(s) Name and Number _____

 *By providing SAH this information you are granting SAH permission to contact these clinics and obtain your pet(s)' medical records

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

Please indicate how you plan to pay: ☐ Cash/Check   ☐ Debit/Credit Card   ☐ Care Credit # _____

Would you like to keep a credit/debit card on file in our secure sever for easy payment?   ☐ Yes, also please let reception know.

    By signing below, I grant Southview Animal Hospital (SAH) the right to take photographs of my pet in connection with their business. I agree that SAH may use photographs of my pet(s) for any lawful purpose, including online, in print, marketing, or any other business related use.

    I am requesting veterinary care for my pet(s) and understand I am financially responsible for all services provided. By signing below, I agree that if I do not pay my balance as agreed, the account is subject to collection fees, attorney fees, interest and any fees associated with collecting a debt. Returned checks are subject to a $30 fee per returned check.

Signature _____ **Date** _____

        Please present to reception to fill out the following:
        Driver's License/ID #: _____ State: _____ Exp: _____ DOB: _____