

## **Pet Street Veterinary Care Center New Client Form**

Owner's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
How did you become aware of us? \_\_\_\_\_ Do you have pet insurance? Y/N

(Please List)	Pet #1	Pet #2	Pet #3	Pet #4
NAME				
BREED				
BIRTHDATE/AGE				
COLOR				
MALE/FEMALE				
SPAYED/NEUTERED(?)				

Previous clinic's name, phone, & date of last vaccines? \_\_\_\_\_  
Any previous serious illnesses or surgeries? \_\_\_\_\_  
Any allergies to vaccinations or medications? \_\_\_\_\_  
Is your pet on any special diets or medications? \_\_\_\_\_

**Payment is expected when services are rendered.**  
**We do not bill or have payment plans.**

For your convenience we accept:  
Cash      Check \*      Debit Card      Visa      Mastercard      Discover

**\* Note to our new clients: Due to past experience, we will not except a check as payment for a first visit if the amount exceeds \$120.00.**

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) in my care. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or service is otherwise terminated. I further understand that any unpaid balance is subject to a 1.5% monthly or 18% annual interest charge. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary and /or any attorney fees compiled by this hospital in securing unpaid balances. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that period time period, you may assume that the pet is abandoned and are hereby authorized to do with the pet what you deem to be best and/ or necessary.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

General Terms and Policies of our practice can be read by downloading the form "General Terms and Policies" from our website [www.petstreet.us](http://www.petstreet.us). (This form can be found under the heading "Clinic Forms and Documents").