

2019 NEW CLIENT FORM

Staff Init/Date:- _____

*Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following: **PLEASE PRINT CLEARLY!***

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell Phone _____ Home Phone _____

Place Of Employment _____ Work Phone _____

Best Time to Reach You _____ Driver's Lic# (For payment purposes) _____

Emergency contact: _____ Relationship _____
Phone _____

All Fees Are Due In Full At The Time Services Are Rendered

Please indicate preferred method of payment: Cash Check Visa/Mastercard AMEX Discover Care Credit

Delinquent accounts are subject to interest of 18% annually. Legal fees and collection costs are the responsibility of the client and are approved _____

Please Initial Above

How did you become aware of our clinic? Drove by _____ Referred By _____

_____ Yellow Pages Google Yahoo

Facebook Other Internet Search

May we have permission to use you and/or your pet's image in our clinic media content (e.g. Facebook page) ? Yes/No _____

Please circle AND initial

PATIENT INFORMATION

Our pet(s) is(are): Member of our family Child's pet Backyard pet

Any previous serious illnesses or surgeries?

Name/address of previous veterinarian?

Who is your pet health insurance provider?

Would you like to be present during treatment to your pet? Yes No