

2020 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 Yelp 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

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			
WHERE MAY WE OBTAIN YOUR PET'S VACCINATION HISTORY FROM ?			

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

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

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