

NEW CLIENT INFORMATION FORM

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as best you can. If you have any questions we'll be happy to assist you. We look forward to working with you in maintaining your pet's health.

Client Information

Name _____ Spouse _____
Mailing Address _____ City _____
State _____ Zip Code _____
Street address _____
Phone: Home __ (____) _____ Cell __ (____) _____
Employer _____ Work Phone __ (____) _____

Who else may be responsible for your pet(s)? _____
Other parties Contact Phone: __ (____) _____ Cell __ (____) _____

How did you learn of our facility? _____
If by referral, please name person: _____

Pet Information

1. Name _____ Date of Birth: _____
Species _____ Breed _____ Color _____
Circle one: Female Male Circle one: Spayed Neutered Intact
Microchip # _____
2. Name _____ Date of Birth: _____
Species _____ Breed _____ Color _____
Circle one: Female Male Circle one: Spayed Neutered Intact
Microchip # _____
3. Name _____ Date of Birth: _____
Species _____ Breed _____ Color _____
Circle one: Female Male Circle one: Spayed Neutered Intact
Microchip # _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Method of payment: Cash _____ Check _____ Credit Card _____
Would you like to apply for Care Credit? Please circle one: Yes No

Signature of Owner _____ Date _____