Welcome

New Client Form

Today's Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home#: _____ Ceil #: _____ Work #: _____

Employer: _____ Position: _____

***Email Address (for reminders): _____@_____

Spouse's Name: _____ Spouse's Employer: _____

Position: _____ Cell #: _____ Work #: _____

Emergency Contact: _____. Number: _____

How did you hear about our clinic? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume full responsibility for all charges incurred for the care of his animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. In the event that your account is placed for collection with an outside collection agency/attorney, you will be responsible for all costs of collection not to exceed 25% which will be added to any unpaid balance.

Signature: _____ Date: _____

Pet 1:

Name: _____ D.O.B./Age: _____

Breed: _____ Color: _____

Please Choose One: Male___ / Neutered___ (or) Female___/ Spayed___

Are we current on Vaccinations? _____

Previous Veterinarian and Number: _____

Do you mind if we call for vaccine history for your pet? _____

Is your pet currently on any medications? Please list name, quantity and how often:

_____

_____

Please list any other health concerns: _____

_____

Pet 2:

Name: _____ D.O.B./Age: _____

Breed: _____ Color: _____

Please Choose One: Male ___/ Neutered ___ (or) Female ___/ Spayed ___

Are we current on Vaccinations? _____

Previous Veterinarian and Number: _____

Do you mind if we call for vaccine history for your pet? _____

Is your pet currently on any medications? Please list name, quantity and how often:

_____

_____

Please list any other health concerns: _____

_____