

NEW CLIENT/PATIENT FORM

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

OWNER INFORMATION:

Name _____

Spouse/Significant Other's Name _____

Driver's License # _____ Date of Birth _____
(for verification of I.D. and prescribing of certain medications)

Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other Cell _____

E-Mail Address _____ Preferred Communication _____
(We will not sell your e-mail address to anyone!)

How did you become aware of our clinic? (Please check one.)

Drove by Yellow Pages Internet (what site?) _____

Already a client Other _____

Personal Recommendation (Whom may we thank?) _____

PATIENT INFORMATION:

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth or Age			
Color			
Sex			
Spayed/Neutered?			

Signature of Owner _____ Date _____
(must be over 18 years of age)

Signature of person presenting this pet
for treatment if other than owner: _____ Date _____

* All fees are due at time services are rendered*
Cash, check (with a valid driver's license), Amex, Discover, MasterCard, Visa,
and Care Credit are all acceptable forms of payment.

Thank you!!