



# NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have.

To ensure the best care possible please take the time to fill in this form completely.

Primary First Name:		Last Name:	
Secondary First Name: (Partner/Spouse)		Last Name:	
Address:		City/State:	Zip Code:
Email Address:			
Primary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work
Secondary Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work
Additional Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work
Emergency Contact Person: <b>(Not you or partner/spouse)</b>		Phone:	
How did you hear about us?		Who can we thank for referring us?	
Available Discounts:		<input type="checkbox"/> Senior Citizen (over 65 years)	<input type="checkbox"/> Active/Retired Military
<b>PET 1</b>			
Pets Name:	DOB/Age:	Breed:	Color:
<b>Previous Vet:</b> (to get vaccine history)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered Male	<input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> CAT = long / short <input type="checkbox"/> Reptile / Bird / Other
<b>PET 2</b>			
Pets Name:	DOB/Age:	Breed:	Color:
<b>Previous Vet:</b> (to get vaccine history)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered Male	<input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> CAT = long / short <input type="checkbox"/> Reptile / Bird / Other
<b>PET 3</b>			
Pets Name:	DOB/Age:	Breed:	Color:
<b>Previous Vet:</b> (to get vaccine history)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered Male	<input type="checkbox"/> Intact Female <input type="checkbox"/> Spayed Female	<input type="checkbox"/> CAT = long / short <input type="checkbox"/> Reptile / Bird / Other
<b>PLEASE READ AND SIGN BELOW</b>			
<b>I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PERSCRIBE FOR, OR TREAT MY PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY ANIMALS.</b>			
<b>I UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF SERVICE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGIAL TREATMENT AND HOSPITALIZATION.</b>			
<b>I AM ALSO RESPONSIBLE FOR ANY COLLECTION AGENCY AND/OR ATTORNEY FEES IF REQUIRED TO COLLECT ANY UNPAID OR DELINQUENT BALANCES.</b>			
<b>INTEREST AND BILLING FEES WILL BE ADDED TO ANY UNPAID BALANCES.</b>			
_____ LEGAL OWNER/RESPONSIBLE PARTY		_____ DATE	
_____ CO-OWNER		_____ DATE	