NEW CLIENT FORM

Account #__________

CLIENT INFORMATION ***Please Print*** **Date___________________**

Owner_______________________________ Co-owner name and relation*_____________________________

Address_____________________________ City ___________________ State______ Zip_______________

Primary Phone # _____________________________ Co-owner Primary Phone # _____________________

E-mail: ______________________________ How would you like to receive reminders/follow-ups? □ Text □ E-mail □ Phone
phone # for reminders: _________________________________

***Anyone listed can make any and all changes to the client account information**

We will need either a driver's license # or your social security number for you to be able to write a check! Otherwise your account will be a cash or credit/debit card only. The person or persons listed on the account are only individuals with access to account information.

How did you hear about our clinic? ___ Drive by ___ Yellow pages _____Received card in mail ____ Internet ______Previous Client ____ Personal Recommendation (Whom may we thank?)_________________________________

	PET # 1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED			

Does your pet have records at any other clinics? If so, please list clinic name(s):

____

Is your pet on any flea, tick and/or heartworm prevention? Please list any:

____

Any previous serious, illnesses or surgeries?

____

Any allergies to vaccinations or medications?

____

Is your pet on any special diets or medications?

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***All fees are due at the time the patient is released*. On your request, we will provide you with a written estimate of fees for hospital treatment, surgery or hospitalization. A deposit prior to treatment may be required depending on the amount of the estimate. Owner and/or Co-owner is/are responsible for all collection and attorney fees.**

Owner's/Co-Owner's Signature____