

NEW CLIENT INFORMATION

Owner

Miss Mrs. Mr. _____
Last First Middle Initial

Co-Owner

Miss Mrs. Mr. _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Telephone Numbers Home _____ Work _____

Cellular _____ Pager _____

Driver's License Number _____ State _____ Expires _____

I am of Legal Age of 18 Years or Older YES, I am. NO, I am not.

PATIENT INFORMATION

Pet's Name _____ Date of Birth _____

Dog Cat Other _____ Breed _____ Color _____

Male Female Neutered Spayed Intact

Have you or your Pet been here before? Yes No

Is your Pet on Heartworm preventative medication? Yes No

Has your Pet been vaccinated for Rabies? Yes No If yes, please indicate month/year _____

Does your Pet have Allergies? Yes No If yes, please explain _____

Current Medications _____

Today, my Pet is here to see Dr. _____ for _____

The Veterinarian who referred me here today is _____

Hospital/Clinic Name _____ City _____

Who is Your Pet's regular Veterinarian? _____

Did you bring XRays with you? Yes No

PLEASE READ BEFORE SIGNING

ALL FEES FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.

It is our policy to provide you with a written estimate of fees if you wish, especially for any case where in-hospital or emergency care is necessary.

I understand a deposit is required prior to treatment and final payment is due at discharge.

- I am the legal Owner or Co-Owner of the animal being presented for treatment and accept full financial responsibility.
- I am **NOT** the owner. I found this animal and I accept full financial responsibility for any medical evaluation or treatment provided.
- I am **NOT** the owner. I am the caregiver/pet sitter responsible in the owners absence and accept financial responsibility.

Client Signature _____ Client's Name Printed _____

Today's Date _____