



NEW CLIENT INFORMATION FORM

Welcome to our hospital. Thank you for giving us the opportunity to care for your pets. Please help us meet your needs better by taking a moment to complete these forms in their entirety. PLEASE PRINT CLEARLY.

CLIENT INFORMATION

Owner's Name: _____ Spouse/Other: _____ Date: _____

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

Home Phone: _____ Work Phone: _____ Cellular: _____

E-mail Address: _____

Employer: _____ Spouse/Other's Employer: _____

In the event of an emergency where we are unable to reach you, who else may we contact?

Name: _____ Phone: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Complete ONE of the following:

◆ Driver's License: _____ State: _____

◆ Credit Card Number: _____ Type: _____ Exp: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

How did you first become aware of our hospital?

Individual; someone we may thank?

Yellow Pages

Sign/Drove by

Live in the neighborhood

Was Previous Client

Other:

Preferred payment method: Cash Check Visa MC Discover American Express

AUTHORIZATION FOR EXAMINATION, TREATMENT, AND ASSUMPTION OF FINANCIAL RESPONSIBILITY

I, the undersigned, authorize the veterinarian(s) and assistant(s), whom they designate to examine the animal(s) specifically described and identified, to administer any treatment that is considered therapeutically and/or diagnostically necessary based on the findings during the course of the initial exam. I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in Veterinary Medicine. I assume all financial responsibility for all charges incurred to the patient, understand that all fees and charges are due in full upon completion of services, and that a deposit may be required for treatment. I understand that I may pay with Cash, Check, Visa, MasterCard, Discover, or American Express, and that a \$25 service fee will be charged on all checks that are returned. If a check does get returned, I understand that I will not be able to pay by check in the future (unless special arrangements are made).

Signature: