

NEW CLIENT INFORMATION

*Thank you for choosing us as your pet's total health care provider!
Please complete the following so that we may better serve your needs:*

Client Information

Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip/PC _____
Home Phone _____ Work _____
Cellular _____ E-mail address _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

For your convenience we accept Visa, Master Card, American Express and Discover Card.

We no longer accept checks.

How did you discover our hospital? Hospital sign Yellow Pages Client Referral

Who may we thank for your referral?

Individual (Please provide name of individual.) _____

Business (Please provide name of business.) _____

Patient Information

First Patient

Name _____ Species: Cat Dog Other

Breed _____ Color _____

Date of Birth or Approximate Age _____

Sex: Male Female Undetermined Spay or Neutered?: Yes No

Microchip # _____

Second Patient

Name _____ Species: Cat Dog Other

Breed _____ Color _____

Date of Birth or Approximate Age _____

Sex: Male Female Undetermined Spay or Neutered?: Yes No

Microchip # _____

Please read the following and sign below:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Client Signature: _____ Date: _____

Apply today!

If you are interested in **Care Credit** please see our receptionist for more information. It can take as little as 5 minutes to find out if you qualify for approval.