



## New Client Information 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	Birth Date
	Drivers License # / State	Employer
Mailing Address	City / State	Zip Code
Partner First Name	Last Name	Birth Date
	Drivers License # / State	Employer

**\*\*PLEASE NOTE THAT ANY PERSONS LISTED ABOVE ARE CONSIDERED "FINANCIALLY RESPONSIBLE" FOR ALL CHARGES INCURRED\*\***

### Phone Numbers (List Name & Number)

-		<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> partner's work <input type="checkbox"/> other
Primary Contact Number	/ Name	
-		<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> partner's work <input type="checkbox"/> other
Additional Contact Number	/ Name	
-		<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> partner's work <input type="checkbox"/> other
Additional Contact Number	/ Name	

### Email

Primary	Additional
---------	------------

### Emergency Contact Information

First Name	Last Name	Relation
Phone Number		

### Available Discounts

Active/Retired Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior Citizen (> 65years)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who can we thank for referring us? \_\_\_\_\_

**Please complete pet information on back side**





**Pet Information (1.)**

female  male  spayed  neutered

---

Name

dog  cat  bird  other

---

Breed and color

Age or Birth Date

**Pet Information (2.)**

female  male  spayed  neutered

---

Name

dog  cat  bird  other

---

Breed and color

Age or Birth Date

**Pet Information (3.)**

female  male  spayed  neutered

---

Name

dog  cat  bird  other

---

Breed and color

Age or Birth Date

---

**Any Additional Information**

---

---

---

---

---

**I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. I understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment and hospitalization. I am also responsible for any collection agency and/or attorney fees if required to collect any unpaid or delinquent balances. Interest and Billing fees will be added to any unpaid balances.**

---

**LEGAL OWNER/RESPONSIBLE PARTY** **DATE**

---

**CO-OWNER** **DATE**