



NEW CLIENT FORM

Welcome and thank you for choosing us to care for your pet(s). It is important for our team to have up-to-date information for your pet in order to provide the most effective care for their needs, so please complete all sections accurately.

CLIENT INFO

Name: _____ Date: _____

Significant Other: _____

Street Address: _____ Apt/ Unit # _____

City: _____ State _____ Zip: _____

Email Address: _____

Primary Phone: _____ Spouse/ Partner Phone: _____

Work Phone: _____ DL State & Number: _____

Preferred Method of Contact: _____

Referred by: Internet Sign Client _____ Other _____

PATIENT INFO

First Pet: Name _____

Species _____ Breed _____

Date of birth or Age _____ Color _____

Sex _____ Spayed/ Neutered? _____

Second Pet: Name _____

Species _____ Breed _____

Date of birth or Age _____ Color _____

Sex _____ Spayed/ Neutered? _____

Third Pet: Name _____

Species _____ Breed _____

Date of birth or Age _____ Color _____

Sex _____ Spayed/ Neutered? _____

(additional pets may be listed on the back if needed)

I acknowledge and assume responsibility for all charges incurred in the care of my pet(s), including special order products which must be paid prior to ordering. I also understand that these fees will be paid in full at the time of release and that a deposit may be required for some treatments. If my pet is not picked up within 30 days, the pet is considered abandoned and may be adopted out as the doctor sees fit. Abandonment does not relieve me from paying for services and/or boarding fees that may occur. In addition, I understand that I am liable for any service charges on my unpaid balance, court costs, collection costs, and reasonable attorney fees.

Signature of Responsible Party _____ Date _____