

NEW CLIENT INFORMATION
(PLEASE PRINT LEGIBLY)

NAME _____ SPOUSE _____
Last First Last First

ADDRESS _____
Street _____
City State Zip

HOME PHONE: _____ CELL: _____

WORK PHONE Mr. _____
& EMPLOYER Mrs. _____

LICENSE# OR STATE ID _____

LIST ANYONE ELSE WHO IS AUTHORIZED TO HAVE YOUR PETS TREATED:

DO YOU GIVE US PERMISSION TO RELEASE YOUR PET'S RECORDS TO A
THIRD PARTY, SUCH AS A KENNEL OR GROOMER IF THEY CALL FOR THEM?
YES OR NO

**PAYMENT IS EXPECTED IN FULL AT THE TIME OF SERVICE - WE DO NOT BILL.
SHOULD FINANCES BE A CONCERN, PLEASE DISCUSS THIS WITH A TECHNICIAN
PRIOR TO EXAM.**

WE DO ACCEPT CASH, VISA, MASTERCARD AND DISCOVER, SORRY NO AMERICAN
EXPRESS.

CHECKS ARE ACCEPTED WITH THE INFORMATION PROVIDED ABOVE; *HOWEVER, WE
DO NOT ACCEPT CHECKS AS PAYMENT ON THE FIRST VISIT.*

HOW DID YOU HEAR ABOUT US? _____

NAME	BREED	ABOUT YOUR PET(S)		
		DATE OF BIRTH	NEUTERED?	SEX
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHERE DID YOU ACQUIRE YOUR PET? _____ WHEN? _____
LIST ANY MEDICAL PROBLEMS THAT THE DOCTOR SHOULD BE AWARE OF, INCLUDE
ANY OLD INJURIES, CHRONIC CONDITIONS AND ALLERGIES.

WHEN WERE THE LAST VACCINES GIVEN AND WHERE?
