



## NEW CLIENT INFORMATION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (IF DIFFERENT)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

SPOUSE CELL NUMBER \_\_\_\_\_

### PET(S) TO BE SEEN TODAY

NAME: \_\_\_\_\_ DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ Neuter/Spay: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

NAME: \_\_\_\_\_ DOG: \_\_\_\_\_ CAT: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ Neuter/Spay: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

### REASON FOR TODAY'S VISIT (CHECK ALL THAT APPLY):

\_\_\_\_ ROUTINE PREVENTATIVE CARE (ANNUAL EXAM, WELLNESS SCREENING, VACCINATIONS, HEARTWORM TESTING, ETC)

\_\_\_\_ ILLNESS OR INJURY    \_\_\_\_ SECOND OPINION

### HOW DID YOU HEAR ABOUT US?

\_\_\_\_ LOCATION    \_\_\_\_ ADVERTISEMENT    \_\_\_\_ WEBSITE    \_\_\_\_ FACEBOOK    \_\_\_\_ FRIEND

IF REFERRED BY A FRIEND, WHO? \_\_\_\_\_ OTHER: \_\_\_\_\_

WERE YOU REFERRED TO US BY ANOTHER VETERINARIAN FOR A SECOND OPINION OR ADVANCED TESTING?    YES / NO

**FINANCIAL POLICY:** Payment is due in full at the time of services. For patients requiring extended care involving diagnostic testing, surgery, or supportive care, a deposit will be required at the time they are admitted to the clinic. At your request, we will be happy to provide a written estimate for recommended or expected services.

PLEASE SIGN AND DATE BELOW TO INDICATE YOU HAVE READ AND UNDERSTAND THIS POLICY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(OWNER OR LEGAL AGENT)

FOR YOUR CONVENIENCE WE ACCEPT CASH, MASTERCARD, VISA, AND DISCOVER. NO CHECKS ACCEPTED. PAYMENT PLANS ARE AVAILABLE THROUGH CARECREDIT. YOU CAN APPLY ONLINE AT WWW.CARECREDIT.COM.