

New Client Form

How did you hear about us? Hospital Sign _____ Google _____ Yelp _____ Yellow Pages _____

Other _____ Friend _____ Referred by _____

Owner's Name _____ Email address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Pet Name _____ Dog _____ Cat _____ Other _____ Breed _____

Date of birth (or age) _____ Male _____ Neutered _____ Female _____ Spayed _____

Color _____ Microchip # _____ Clinic pet was last seen _____

Pet Name _____ Dog _____ Cat _____ Other _____ Breed _____

Date of birth (or age) _____ Male _____ Neutered _____ Female _____ Spayed _____

Color _____ Microchip # _____ Clinic pet was last seen _____

Payment Policy

Professional fees are to be paid at the time services are rendered. We do not carry open account balances and offer the following ways to provide payment: Visa, Mastercard, Discover, Cash, Check, and Care Credit. There will be a \$35 processing fee on all returned checks.

It is our policy to provide you with a written estimate whenever requested and it is your right to decline any procedures recommended, prior to the performance of those services. Deposits may be required for certain services at the discretion of the clinic.

Signature _____ Date _____