



**NEW CLIENT FORM**

*Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

In case we can not reach you regarding your animal, we need information on a close friend or relative.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Do they have permission to make medical decisions on your behalf? \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered**

Please indicate choice of payment. \_\_\_ Cash / Check \_\_\_ Visa \_\_\_ MasterCard

How did you become aware of our clinic? \_\_\_ Drove by \_\_\_ Yellow Pages \_\_\_ Newspaper Ad

\_\_\_ Website Specify \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_ Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			

Our pet(s) is: \_\_\_ Member of our family \_\_\_ Child's pet \_\_\_ Backyard pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

*If your pet has previously been seen by another veterinarian, please provide pertinent records so that we may have all necessary information regarding your pet(s).*

Previous Veterinarian \_\_\_\_\_ Phone# \_\_\_\_\_

**Accounts unpaid after 30 days are subject to a finance charge of 1.50% per month, (annual percentage rate 18.00%); minimum charge of \$1.00. If your account is placed for collection, you will be liable for all costs of such collection, including but not limited to attorney's fees and court costs.**

**I HAVE READ THE ABOVE AND UNDERSTAND THE FINANCE CHARGE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU FOR CHOOSING VETERINARY MEDICAL CENTER!**