



## New Client Information Sheet

Client Name: \_\_\_\_\_

Co-owner/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: (please circle best number to call)

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Co-owner/Spouse: Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(For processing check payments)

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_\_

Family Veterinarian \_\_\_\_\_ Date of last Rabies Vaccination: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Payment Policy

Payment is required at the time the services are rendered. We accept Cash, Checks, and Credit Cards.

### Financial Responsibility

I understand that I am responsible for all charges incurred for services rendered for my pet. I understand that there is a \$30.00 fee for all returned checks. I understand that if I do not pay my balance in a timely manner, I will be responsible for the balance plus any and all fees/interest associated with collecting the balance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_