



# New Client/Patient Form

Owner's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_

May we contact you there? \_\_\_\_\_

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

*We will NOT sell or share your email address. If you provide your email address we will be able to send you your pet's vaccination and medication reminders as well as health updates.*

Do you own or have any other pets in your household? Please list: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Yellow Pages \_\_\_\_\_ Internet \_\_\_\_\_ Saw Sign \_\_\_\_\_ Former Client

\_\_\_\_\_ Client (Whom may we thank?) \_\_\_\_\_

\_\_\_\_\_ Veterinary Practice Veterinary Practice Name \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

## **PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED**

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and interest. Balances over 30 days past due will be turned over to our collections agency. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

**\*My Pet's Vet does not accept Checks.**

Type of Payment \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Care Credit

Signature \_\_\_\_\_

Date \_\_\_\_\_