

New Client Form

*Thank you for giving us the opportunity to care for your pet.
Please take the time to fill out this form completely.*

Owner _____ Drivers License _____

Co-Owner _____ Drivers License _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Co-Owner Cell Phone _____ Co-Owner Work Phone _____

E-mail address for website/ online store access: _____
(optional- and it will *absolutely* not be sold or shared):

PET HEALTH HISTORY

1. Name of pet _____ Dog Cat Other D.O.B. _____

Breed _____ Color _____ Sex/ Altered? M M/N F F/S

2. Name of pet _____ Dog Cat Other D.O.B. _____

Breed _____ Color _____ Sex/ Altered? M M/N F F/S

3. Name of pet _____ Dog Cat Other D.O.B. _____

Breed _____ Color _____ Sex/ Altered? M M/N F F/S

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and treat the above pet(s). I assume responsibility for all charges incurred in the care of my pet. I also understand that these charges will be paid in full at the time of services and that a deposit may be required for hospitalization or surgical treatment.

Your appointment time is important to you, your veterinarian, and to others who are in need of our services. If you cannot keep your appointment for any reason, please call us 24 hours prior to your appointment time. If you do not show for your appointment or fail to cancel in a timely manner, a fee may be applied to your account.

Signature _____ Date _____