

New Client Admission Form

Client Name: _____ Mr./Mrs./Ms./Miss
(Last Name) (First Name) (M.I.)

Co-Owner/Spouse: _____ Mr./Mrs./Ms./Miss
(Last Name) (First Name) (M.I.)

Address: _____
(House Number) (Street) (Apt #)

(City) (State) (Zip Code)

Phone Number (Home) _____ (Work) _____ (Cell) _____

Co-Owner/Spouse (Home) _____ (Work) _____ (Cell) _____

S.S. or Driver's License #: _____ Email: _____
(For processing check payments) (Receive email reminders and updates)

Employer: _____ Position: _____

How did you hear about us? _____

PET 1

Pet's Name: _____

Date of Birth: _____

Species: _____ Breed: _____

Color & Markings: _____

Sex: Male Female Neutered? Yes No

My pets were last seen at: _____
(Animal Clinic) (Phone)

PET 2

Pet's Name: _____

Date of Birth: _____

Species: _____ Breed: _____

Color & Markings: _____

Sex: Male Female Neutered? Yes No

PAYMENT POLICY:

Payment is expected at the time services are provided. A deposit may be required for extensive medical or surgical procedures. We accept Visa, Mastercard, American Express, Discover, Care Credit, Cash, and Checks. A \$35.00 service fee will be applied to all returned checks. Balances over 30 days will be subject to interest at the rate of 1 ½% per month. I understand that if the balance is not paid in a timely fashion, I will be responsible not only for the balance due, but any collection fees, court costs, and/ or attorney fees that are incurred in the attempt to collect this debt.

By Signing below I agree that I am at least 18 years of age and assume full financial responsibility for the above mentioned pet(s).

(Signature of Owner)

(Date)