



New Client Information

Client Information (Owner) ☺

Name _____ Spouse/Other _____
Address _____ City _____ State _____ Zip _____
Phone/Name _____ Secondary Phone/Name _____
E-mail address (Communication and Online Store) _____

Who may we thank for your referral?

Individual (Please provide name of individual.) _____
 Business (Please provide name of business.) _____
 Hospital Sign Yellow Pages Internet Website Word of mouth Facebook

Patient Information (Pet) ☺

First Patient

Name _____ Sex: Male Female Undetermined
Age or Date of Birth _____ Spay or Neutered?: Yes No
Species: Cat Dog Other: _____ Breed _____ Color _____

Second Patient

Name _____ Sex: Male Female Undetermined
Age or Date of Birth _____ Spay or Neutered?: Yes No
Species: Cat Dog Other: _____ Breed _____ Color _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet.
I assume responsibility for all charges incurred in the care of this animal.

I also understand that these charges will be **paid at the time of release**, and that a deposit may be required for surgical treatment.

PAYMENT IS DUE AT THE TIME THAT SERVICES ARE RENDERED.

For your convenience we accept Cash, Care Credit, Visa, MasterCard, American Express and Discover.
WE NO LONGER ACCEPT CHECKS

Client Signature: _____ Date: _____



Apply today!

If you are interested in **Care Credit** please see our receptionist for more information. It can take as little as 5 minutes to find out if you qualify for approval.