

## New Client Form

OWNER: \_\_\_\_\_ CO-OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

OWNER DRIVER LIC: \_\_\_\_\_ STATE of ISSUANCE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

***This information will not be sold! It is for our records only to effectively communicate about your pet.***

How did you learn about our clinic? (Circle)

Facebook      Drive-by      Referral by \_\_\_\_\_ Internet      Other \_\_\_\_\_

<b>PATIENT INFO</b>	<b>PET #1</b>	<b>PET #2</b>	<b>PET #3</b>
<b>Name</b>			
<b>Sex / spayed or neutered?</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Allergies to vaccines or meds?</b>			

I understand that payment is due at the time of service and that Good Friends Animal Hospital does not offer payment plans. If paying by check and it is returned by the bank, I agree to pay a \$25 NSF fee to Good Friends and understand I will not be able to pay by check in the future. **We accept Visa, Mastercard, Discover, Apple Pay, Debit, Care Credit, Cash and Check.** If I fail to pay my bill, I agree to pay all reasonable costs you incur to collect this debt. This includes, unless prohibited by law, all reasonable attorney's fees, filing fees, court costs, collection agency costs, service fees, and other related collection costs or contingencies. I understand that if any unpaid balance is turned over to our collection agency that a fee ranging from 30%-50% will be added to the total balance due. I hereby give you or any of your agents or assignees to whom you turnover any unpaid balance permission to obtain a report from a credit reporting agency and to take reasonable steps to verify my credit and or employment information. I give you or any of your agents or assignees to whom you turnover any unpaid balance to contact me regarding this transaction or any future transaction at any telephone numbers of which they are aware including cellular telephones by manually dialing, using an auto-dialer or pre-recorded message.

I also [  ] **DO** [  ] **DO NOT** give permission for Good Friends Animal Hospital to release my records to grooming facilities, boarding facilities, and other veterinary clinics that call to obtain a history on my pets. My consent for records is perpetual unless revoked in writing and countersigned by clinic staff.

I understand this agreement, agree to these terms for service, and am signing this agreement voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date