



## **New Client & Patient Form**

### **Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Patient Information** (If you have more than one pet, please fill out the Additional Pet Form)

Dog / Cat      Male / Female      Spayed / Neutered

Patient Name: \_\_\_\_\_ Birthday / Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Does your pet have pet insurance? \_\_\_\_\_

Is your pet up to date on vaccines? \_\_\_\_\_ Date of last Rabies vaccine: \_\_\_\_\_

Reason for your visit: \_\_\_\_\_

Pertinent Medical History:

\_\_\_\_\_

Who was your previous Vet Clinic? \_\_\_\_\_

Payment is due at the time of services. We are unable to offer in-house payment plans. We accept all major Credit Cards, Care Credit, and Cash for payment. We do not accept checks.

Would you allow us to post pictures of your pet on our Social Media and Website? Yes / No

By signing below, you agree that the information entered above is correct to the best of your knowledge.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date