

## NEW CLIENT INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

[THIS IS TO ACCESS YOUR PET PORTAL FOR EMAIL REMINDERS](#)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EXT. \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EXT. \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN YOURSELF) \_\_\_\_\_ PHONE \_\_\_\_\_

### PET INFORMATION

PET NAME \_\_\_\_\_ DOG \_\_\_\_\_ CAT \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_ INTACT \_\_\_\_\_ SPAYED \_\_\_\_\_ NEUTERED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_ OTHER INFORMATION \_\_\_\_\_

Has your pet received any vaccinations from a veterinarian in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet currently on a monthly heartworm preventative? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Is your pet currently receiving any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Does your pet have any known drug allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Is your pet on flea/tick preventative? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Reason(s) for this visit \_\_\_\_\_

How did you hear about our clinic? Sign \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Byram Banner \_\_\_\_\_

Here previously \_\_\_\_\_ Friend/Relative (who) \_\_\_\_\_

\*Please Read and sign below\*

We **DO NOT** bill or set up payment plans

All fees are due and payable upon completion of services

In the case of emergencies or extensive treatments an estimate will be given prior to treatment for owner approval and a deposit will be required.

**We accept: Cash, Debit, Amex, Discover, Master Card, Visa,  
Care Credit (Card Holder MUST be present) & Scratchpay**

**A valid Driver's license or other photo id is required for any payments other than cash.**

A \$30 fee will be added to all returned checks. A 35% finance charge will be added to all unpaid balances if an outside collection agency is required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_