

New Client Information

Date ___/___/___

Name _____ Date of Birth ___/___/___ Driver's License # _____

Spouse _____ Date of Birth ___/___/___ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Email _____ (This is to access your pet portal for email reminders)

Home Phone _____ Cell Phone _____ Other _____

Place of Employment _____ Work Phone _____ Extension _____

Emergency contact (Other than yourself) _____ Phone# _____

PET INFORMATION

Pet Name _____ Dog ___ Cat ___ Other ___ Breed _____

Date of Birth ___/___/___ Sex: M ___ F ___ Intact ___ Spayed ___ Neutered ___

Color _____ Other Information _____

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

Is your pet currently on a 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 a 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 ___ Coffee News ___ Facebook ___
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.

**We accept: Cash, Debit, AmEx, Discover, Master Card, Visa or
Care Credit (Card Holder MUST Be Present)**

In the case of emergencies or extensive treatments, an estimate will be given prior to treatment for owner approval. A deposit will be requested on any emergencies or extensive treatments.

A valid Driver's license or other photo id is required for identification as well certain prescriptions.

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: _____