



NEW CLIENT INFORMATION

OWNER'S NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE # _____ SECONDARY PHONE # _____

E-MAIL ADDRESS _____ Date of Birth: _____

SPOUSE/OTHER _____ THEIR PHONE # _____

PREFERRED CONTACT METHOD: PHONE _____ E-MAIL _____ (place "x" on preferred)

IN AN EMERGENCY, IF WE CAN'T REACH YOU, WHO IS A THIRD PARTY WE CAN CALL?

NAME: _____ PHONE # _____

HOW DID YOU HEAR ABOUT US: _____

PAYMENT IS REQUIRED AT TIME OF SERVICE:

EMPLOYER'S NAME _____

SOCIAL SECURITY # _____

OR

DRIVER'S LICENSE # _____ STATE OF LICENSE _____

In order to help keep costs down and to continue to provide the highest quality of veterinary medicine, we require payment in full at the time services are rendered. For your convenience we do accept Cash, Visa, Mastercard, Care Credit and Checks (with appropriate I.D.) If for any reason a portion of the balance remains unpaid at the time of service, the client agrees to pay a five-dollar processing fee that will be assessed monthly in addition to 1.5% interest on balances older than 30 days. In the event that a client defaults on payment, the client also agrees to pay all costs (including but not limited to collection and/or reasonable attorney's fees, court costs and any other fees or costs that occur during normal collection procedures).

Signature: _____ Date: _____