



New Client Form

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

DATE _____

Name _____ Spouse/Secondary _____

Address _____ City _____ St _____ Zip _____

Primary Phone _____ ☐ Able to receive text messages

Secondary Phone _____ ☐ Able to receive text messages

Email Address _____

How did you hear about us? _____

PET INFORMATION

Name _____ DOB/Age _____ Sex _____ ☐ Spayed or neutered?

Species ☐ Dog ☐ Cat ☐ Ferret ☐ Rabbit

At this time we only see dogs, cats, rabbits, and ferrets.

Breed _____ Color _____ How long have you owned? _____

Any special considerations: ☐ Used for show ☐ Breeding ☐ Working ☐ Service

☐ Other: _____

Are there any prior or current illnesses/health issues regarding your pet that we should know about?

Does your pet have any prior records? ☐ No Explain: _____

☐ Yes, Adoption Records, I will send them over!

☐ Yes, Another Clinic. They will be sent over from _____

**If your pet has been seen elsewhere, please request all applicable vaccination information. Exam notes, x-rays and blood work from the last six months should be included in records.*

Sign Below to Acknowledge:

All charges must be paid in full at the time of service. A deposit may be required for any surgical treatments.

We accept: Cash, Visa, MasterCard, Discover, America Express, and Care Credit.

Any charges that remain unpaid for more than 30 days will incur a collections fee of 33% of the outstanding balance for services rendered. You will be responsible for any legal fees incurred in the collection process, if applicable.

If an appointment is not canceled at least 24 hours in advance, a fee equivalent to the cost of the exam (\$67.95) will be applied.

X _____

Please email the completed form to sgndvm459@gmail.com or complete online before your appointment can be made