

NEW CLIENT INFORMATION SHEET

Today's Date: _____ Pet's Name: _____ Species: _____

Pet's Age: _____ Male Female Unknown

Client Name: _____

Spouse / Alternate Caretaker: _____

Address: _____ Apt: _____

City/State: _____ Zip Code: _____

(Please note which is the best phone number to contact you at. If not otherwise indicated, we will list the Home number as first contact)

Home Telephone: (_____) _____

Cell/Work Telephone: (_____) _____

Alternate Phone: (_____) _____

E-Mail Address: _____

WHO REFERRED YOU TO US? _____

We would like to thank them and let them know how your pet is doing.

PAYMENT POLICIES

Professional fees are due at the time services are rendered. We **ACCEPT - Visa, MasterCard, Discover, Cash & Debit Cards**. A deposit is required when an animal is admitted for medical and surgical services. This is 100% of the initial estimate. Any additional payment is due when your pet is discharged from the hospital. I understand that I will be responsible for any collection fees incurred if my account balance is forwarded to collections.

X _____
(My signature indicates that I understand that I am responsible for all fees incurred in treating my pet)