



Today's Date: ____/____/20____

NEW CLIENT INFORMATION FORM

CLIENT INFORMATION

Mrs. ___ Mr. ___ Ms. ___ Miss ___ Dr. ___

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____ DOB: ____/____/____

Best/Preferred Contact Method: _____

Emergency/Secondary Contact Name: _____

Relation: _____ Phone: (____) _____

How did you hear about us? Yellow Pages _____ Periodical _____ Website _____ Social Media _____ Internet Search _____
Hospital sign _____ Personal recommendation _____ (Who can we thank? _____)
Other: _____

PAYMENT TERMS: Payment is required at the time of service. For your convenience, we accept Discover, Mastercard, Visa, American Express, most debit cards, cash, check or CareCredit (with a valid driver's license). At 30 days, unpaid accounts are considered past due and will begin incurring interest fees. In special circumstances, a payment plan may be created to avoid interest fees on remaining balances.

COMMUNICATION: How much information do you want to be given about your animal's health?

I want a full explanation—anything and everything. I want a brief explanation—just the important stuff. I just want to know if there's anything I need to do—keep it simple.

PATIENT INFORMATION

Name: _____ Age/DOB: _____

Species (Equine, Bovine etc.): _____ Breed: _____

Color: _____ Weight: _____ Male Female Spayed/neutered? Yes No

Does your animal have allergies? Yes No

Has your animal ever had a reaction to vaccines or medications? Yes No If yes, what? _____

List any major surgeries your animal has had: _____

List any behavior problems we need to be aware of: _____

List any foods and treats you give your animal: _____

List additional patients on reverse.

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