

# New Patient Form



## Client Information

Client #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Secondary: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of contact: Email/ Text / Call

Place of Employment: \_\_\_\_\_

Spouse (Alternative Contact): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

## Pet(s) Information

| Pet Name | Breed | Sex<br>Male/Female | Fixed<br>Yes/No | Color | Birthday | Microchip<br>Yes/ No |
|----------|-------|--------------------|-----------------|-------|----------|----------------------|
|          |       |                    |                 |       |          |                      |
|          |       |                    |                 |       |          |                      |
|          |       |                    |                 |       |          |                      |

Does your pet(s) have any allergies? If yes, please list \_\_\_\_\_

Is your pet currently taking medication? If yes, please list \_\_\_\_\_

Prior/Secondary Veterinarian Clinic: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Who can we thank for referring you? \_\_\_\_\_

Do you give us permission to take pictures of your pet? Yes / No

\*if yes, can we use them on our social media sites? Yes / No

Does your pet(s) have insurance? if yes, please list the policy number: \_\_\_\_\_

**Discounts:** Please Initial: Military \_\_\_\_\_ Senior Citizen (60+): \_\_\_\_\_

We are frequently asked about the prices of our services. Charges vary based on the type of care needed by your pet. Please ask for specifics when discussing treatment recommendations with your pet's doctor. While our hospital does not offer in-house payment plans, we do accept all forms of payments. All charges are due at the time of service. We accept Care Credit for transactions over \$200

Owner/Responsible Party's Signature \_\_\_\_\_ Date: \_\_\_\_\_