



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 _____ Co-Owner's Name _____

Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ landline/cell/work _____ Secondary Phone _____ landline/cell/work _____

Place of Employment _____ Driver's License # (if paying with check) _____

To receive reminders and laboratory results, please provide your email address _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

There is a \$20.00 service fee for all returned checks and an 18% APR on all outstanding balances.
Clients are responsible for any legal or collection fees incurred.

Please indicate your choice of payment: Cash Check Mastercard/Visa/Discover/Debit CareCredit

PATIENT INFORMATION:

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed or Neutered?			
Any previous serious illnesses or surgeries?			
Any allergies to vaccinations or medications?			
Is your pet on any special diets or medications?			
Is there anything else we should be aware of regarding your pet?			

Thank you and welcome to our practice!

Please visit our website and link to our online store at: www.GermanFlattsVeterinaryClinic.com and like us on Facebook