

New Client Information Form

Last Name First			Home Phone	Work Phone	C	Cell Phone	
Spouse/partner Last Name	First		Home Phone	Work Phone		Cell Phone	
Mailing address							
Street			City	State		ZIP	
Referred by							
Previous vet							
Alternate phone #'s (pagers,	faxes, etc.)_						
Email (optional)							
Pet Name	Dog or Cat	Breed	Colors	Age/DOB	Sex	Neutered?	
1.							
2.							
3.							
4.							
5.							
6.							

PAYMENT POLICY

Please pay for all services as they are rendered. We accept cash, personal checks, Visa and Master Card. A deposit of one half of the expected bill is required on all hospitalized animals. The full balance must be paid when your pet is discharged from the hospital. **WE DO NOT SEND BILLS.**