



NEW CLIENT INFORMATION

NAME (first and last) _____ *Date of Birth _____

CO-OWNER (first and last) _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

EMPLOYER _____

WORK PHONE _____

EMPLOYER ADDRESS _____

SIGNATURE _____

DATE _____

All fees are due at the time services are rendered. Our hospital accepts cash, checks, all major credit cards, and Care Credit. We DO NOT have a provision for billing and may require a deposit in advance for services rendered.

*Please include your birthday. In the event we need to prescribe your pet controlled substances, like certain pain medication, the DEA requires we log your name AND birth date.