

New Client Information

Date: _____

Name: _____

Spouse's Name: _____

Address: _____

City, State, & Zip: _____

Home Phone #: _____

Mobile Phone #: _____

Spouse's Phone #: _____

Email Address: _____

Referred By: _____

Professional fees are to be paid at the time services are rendered. A deposit is required for all pets left for treatment or boarding. Please Circle your preferred method of payment:

CASH CHECK VISA MASTERCARD DISCOVER AMERICAN EXPRESS

I hereby consent & authorize you to receive, prescribe for, treat, and/or operate upon my animal(s) as deemed necessary, following your consulting with me.

If you have any questions about treatment, surgery, medicines, or fees, please do not hesitate to ask. We are happy to provide a written estimate upon request.

Signature of Owner or Agent: _____