



New Client / Owner Information Sheet

DATE _____ E-MAIL ADDRESS _____

NAME _____
(First) (MI) (Last)

ADDRESS _____
(Street) (City) (State) (Zip)

PRIMARY PHONE _____ SECONDARY PHONE _____

D.O.B. _____ DRIVER'S LIC# _____ EXP. _____

EMPLOYER NAME _____ OCCUPATION _____ PHONE _____

EMPLOYER ADDRESS _____

SPOUSE/CO-OWNER _____
(First) (MI) (Last)

SPOUSE'S EMPLOYER _____ OCCUPATION _____ PHONE _____

*****PET INFORMATION*****

PET'S NAME _____ BREED _____ SEX _____ NEUTERED/SPAYED _____
DOG/CAT/OTHER _____ BIRTHDATE _____ COLOR _____

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DUE TO RISING OPERATIONAL COSTS, WE HAVE ESTABLISHED THE FOLLOWING POLICY:

A SERVICE CHARGE OF 1 ½ % PER MONTH OR A MINIMUM OF \$3.00 WILL BE ADDED TO ALL PAST DUE BALANCES UPON ANY DEFAULT OF CLIENT IN PAYING VETERINARY BILLS FOR SERVICES, CLIENT AGREES TO PAY ALL COSTS OF COLLECTION AND ALL REASONABLE ATTORNEY FEES IF LITIGATION IS COMMENCED

PAYMENT IS DUE AT TIME SERVICES RENDERED

SIGNATURE _____ DATE _____

HOW DID YOU HEAR ABOUT US? (Please try to be specific. Example-YELP, GOOGLE, YELLOW PAGES, SIGN, DRIVE-BY, FRIEND) _____

WERE YOU REFERRED BY A CLIENT? IF SO, WHO? _____