



NEW CLIENT INFORMATION FORM

Welcome to Family Pet Clinic. Our staff is dedicated to offering high quality patient care and will do our utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions or concerns regarding the health and treatment of your pet. To help us serve you better, please provide us with the following information.

Name _____ Spouse/Partner _____

Address _____

City _____ State _____ Zip Code _____

Primary Number _____ Secondary Number _____

Email _____ Driver License _____ DOB _____

Employer _____ Work Phone _____

How did you find our practice?

- Local Flavor Drive-by
 Internet Other
 Personal Recommendation (who may we thank?) _____

Please list any allergic reactions your pet has had (especially to a medication or vaccination):

Previous Veterinarian: _____

Do you authorize Family Pet Clinic to use photos of your pet on our social media networks as well as website? Yes No

Pets Name	Color	Species	Breed	DOB	Sex	Altered?
						Yes/No
						Yes/No
						Yes/No

Family Pet Clinic would like you to be aware that all fees are due when services are rendered. If your pet is hospitalized prepayment (100%) of the estimated amount is due upon hospitalization.

We accept Cash, Visa, MasterCard, Discover, and Care Credit.

I acknowledge that this is my pet, and I have the right to authorize or deny any treatment for this pet. I understand that no guarantee can be made as to the results obtained from medical treatment. I am over 18 years of age and assume financial responsibility for all charges incurred by patients on my account. I further understand that if it is necessary to send my account to collection, I will be responsible for any collection fees, legal and/or court costs.

Signature of Owner or Responsible Agent (must be 18 or older)

Date