



NEW CLIENT INFORMATION

DATE _____

OWNER'S NAME (LAST, FIRST, MI) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ WORK PHONE # _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

YOUR SOCIAL SECURITY / DRIVER'S LICENSE # _____

SPOUSE / OTHER _____ WORK # _____

THEIR EMPLOYER _____

EMPLOYER'S ADDRESS _____

SPOUSE/OTHER SOCIAL SECURITY # _____

IN CASE OF EMERGENCY, PLEASE CALL _____

REFERRED BY: YELLOW PAGES SIGN FRIEND OTHER
(CIRCLE ONE)

FRIEND'S NAME SO WE CAN THANK THEM _____

In order to help keep costs down and to continue to provide the highest quality of veterinary medicine, we require payment in full at the time services are rendered. For your convenience we do accept Cash, Visa, Mastercard and Checks (with appropriate I.D.) If for any reason a portion of the balance remains unpaid at the time of service, the client agrees to pay a ten dollar processing fee that will be assessed monthly. In the event that a client defaults on payment, the client also agrees to pay all costs (including but not limited to collection and/or reasonable attorney's fees, court costs and any other fees or costs that occur during normal collection procedures).

SIGNATURE _____