

# New Client Form



## Your Information

Name	
Spouse Name	
Address, City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
Place of Employment	
Employment Address	
Are you 71 years or older?	
Who is your pets insurance provider?	
Are you/your spouse in the military?	

## Patient Information

Name	
Breed and Color	
Birthdate	
Microchip #	
Sex	
Previous Health Issues	

### Vaccinations Given and Dates:

<b>Dog:</b>	<b>Date:</b>	<b>Cat:</b>	<b>Date:</b>
Rabies		Rabies	
Da2PP		FVRCP	
Bordetella			
Fecal			

**Payment is expected at the time of service: By signing this document, you agree to pay for the services rendered during your visit. You also acknowledge that if this account is referred to an attorney or collection agency, you will be responsible for all attorney court fees and finance charge of 1.5% per month or 18% annually.**

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_