

Williams Veterinary Clinic New Client Information Sheet

Date: _____

Caregiver's name (adult-over 18 years old): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Work phone: _____ Email address: _____

Other authorized caregiver: _____

Home phone: _____ Cell Phone: _____

Privacy Policy: Your privacy is important to us. The personal information given in this form and your pet's medical records are legal medical documents protected by law against any unauthorized release of any and all information. Your information will be used solely for the purpose of providing medical care to your animals.

How did you hear about us? _____

Name of previous veterinarian: _____

May we call for a records transfer? Y N

I understand fees are due at the time services are rendered. I also understand that Williams Veterinary Clinic does not have a payment plan, extended credit plan or billing policy. An estimate for services can be provided should I request.

VISA MC DISCOVER DEBIT (with VISA logo) CASH (5% discount on services over \$200)

WE ARE UNABLE TO TAKE CHECKS

Williams Veterinary Clinic maintains strict sanitary conditions to prevent the spread of infectious disease. All pets staying in the hospital for surgical purposes must be properly immunized and free from internal and external parasites unless otherwise directed by the Veterinarian. Pets not current on immunizations and/or with external/internal parasites will be updated/treated at the customary fees.

I understand and agree to the information above regarding payment and preventive care.

Signature: _____ Date: _____

Pet Health Information

Your pet's health is important to us. This information will ensure your pet gets the best medical care he/she needs. Please fill out the following to the best of your ability. If you have brought medical records with, please let the receptionist know. If an area does not apply, please write N/A.

Name of Pet	1.	2.	3.
Species (dog or cat)			
Date of birth			
Breed			
Color			
Sex/Neutered	M F N	M F N	M F N
Weight			
Last immunizations			
Last fecal exam			
On heartworm prevention?			
If yes, what kind?			
Flea and tick prevention used			
Any major medical issues in the past?			
Medications - including over the counter			
Diet			
Pet Insurance?			
Does pet have microchip?			