

New Client Form

Date ____/____/____

Client (Human Servant) Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail address _____

Spouse/Partner Name _____

Patient Information	Pet #1	Pet#2
Name		
Breed		
Date of Birth/Age		
Color		
Sex		
Spayed or Neutered		
Medical Conditions		
Date Last Vaccines		
Major Surgeries		
Diet		

Previous Veterinarian & Clinic _____

Is your pet currently on any medications? If so, what? _____

Were you referred to us from a current client? If so, who? _____

May we text you with normal lab results? Yes No

All fees are due at the time services are rendered. VetMed Animal Health accepts cash, check, Care Credit and all major credit cards for your convenience. At this time we do not offer deferred payment plans. Any balances carried at VetMed Animal Health will be charged a monthly service charge of 1.5 %per month or 18% annually. All returned checks will result in a \$20.00 processing fee.

Any fees associated with collecting on an overdue account will be paid for by the client.

*To prevent the spread of infectious disease and parasites in all patient pets must be current on vaccines and be free of parasites. I understand this to be the strict policy of the clinic and authorize the doctor to provide my pets with vaccines and parasite control as needed.

Signature _____ Date _____