

New Client/Patient Form

Client (Owner) Information

Name: _____ Spouse's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Spouse's Phone: _____
Email: _____ Social Security #: _____
Employer: _____

Patient (Pet) Information

Name: _____ Birthday/Age: _____
Sex: Male Female Spayed/Neutered: Yes No
Species (Circle One): Cat Dog Bird Reptile Rodent Other: _____
Breed: _____ Color: _____
Microchip #: _____

Does your pet have any chronic medical conditions (allergies, vaccine reactions, immune mediated disease, on long-term medication, etc.)? _____

Last Date Given: Rabies _____ DAPP _____ Bordetella (Kennel Cough) _____
FVRCP _____ FELV _____ Other _____

Reason for Visit: _____

Payment is expected at time of service. We accept the following forms:

MasterCard Visa Discover AMEX Care Credit Check (ND or MT only) Cash

Full payment is required at the time services are provided. I understand that upon my request, the clinic staff will provide an estimate of any current and/or anticipated charges. By signing below, I am authorizing veterinary care be provided for the pet(s) presented to me or by agent(s). I am the legal owner/agent of this/these pet(s) and as owner/agent, I understand that I am financially responsible for all services provided.

Signature: _____ Date: _____

Charges:

Item #	Quantity	Price	Item #	Quantity	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: