NEW CLIENT INFORMATION

ACCEPT CASH/CREDIT/DEBIT/CARE CREDIT ONLY -- NO CHECKS

****Owner Information****

First: _____ Last: _____

Email:_____

Address: _____

City: _____ State:_____ Zip code:_____

Phone: Cell_____ Home_____ Work_____

****Second Authorized Person on Account****

First:_____ Last: _____

Phone: _____

Pet Name: _____ _____

Sex: M F F-Spayed M-Neuter

Circle one: Dog Cat

Breed: _____

Color/Markings _____

DOB/Age _____

Any Drug Allergies?_____

_____

Pet Name: _____

Sex: M F F-Spayed M-Neuter

Circle one: Dog Cat

Breed: _____

Color/Markings _____

DOB/Age _____

Any Drug Allergies?_____

_____

Pet Name: _____

Sex: M F F-Spayed M-Neuter

Circle one: Dog Cat

Breed: _____

Color/Markings _____

DOB/Age _____

Any Drug Allergies?_____

_____

Previous Vet Clinic: _____ **Location**: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. THERE IS NO BILLING FOR SERVICES. WE ACCEPT CASH AND ALL MAJOR CREDIT/DEBIT CARDS.

AUTHORIZATION: I am financially responsible for the patient(s) described above and any others added to my account at a later time and agree to pay all fees incurred for their care. I understand that any medical/surgical procedure is accompanied by some risk and that it is not possible to guarantee the successful outcome of any such procedure. This agreement is in force indefinitely from this date unless I notify Nose to Tail Animal Hospital in writing to the contrary. All persons making medical decisions for my pet are over 18 years of age.

Aggressive behavior towards staff will not be tolerated and will be grounds for immediate termination as a client.

Your signature: _____Date:_____

For Office Use: On list:☐ In Systems:☐ Records:☐ Saved in : Gmail Yahoo