

New Client Form

Name of owner:		Date:
Spouse/Co-owner/Other:		
Street Address		
City:	State:	ZIP

Occupation:	Employer:
Home Phone:	Work Phone:
Cell Phone:	Secondary Cell Phone:
E-mail:	

How would you like to receive your pet's wellness reminders?

- Mail
- E-mail
- Both

Referred by: (Please check one of the following)

- Phone book (please circle): Verizon QwestDex McLeod/Yellowbook
- Humane Society
- Feline Rescue
- Animal Ark
- Friend: _____
- Other: _____

Our Financial Policy: All services must be paid for in full at the time of the visit. We accept cash, check, credit cards, and Care Credit. Certain services may require a deposit at the time of admittance. If you have questions, please ask before your pet is examined.

Having read the above, I agree to these conditions: _____