



PetCare  
ANIMAL HOSPITAL

# New Client Form

## Client Information

Name (first, last): \_\_\_\_\_

Spouse/Partner Name (first, last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of Business: \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

## Secondary Contact Information

Name (first, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Essential Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered? \_\_\_\_\_

If your pet travels (or has traveled) out of the area, where? \_\_\_\_\_

## Authorization

I am the owner of the listed animal(s) and assume responsibility for all charges incurred in the care of this animal(s) including any collection and/or attorney's fees. I understand that unpaid balances will accrue interest at 18% APR and a \$35.00 fee will be charged for return checks.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines (DHLPPC, Rabies and Bordatella for dogs; FVRCP and Rabies for cats) and free of internal and external parasites. If vaccinations cannot be verified, I understand that the doctor will provide vaccines and parasite control as needed and I as owner shall be responsible for these charges.

Hospitalization and boarding can be stressful for pets. Pets may experience gastrointestinal upset (vomiting and/or diarrhea) and occasionally hidden medical problems can be exposed, especially in the geriatric patient. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians, and I assume full responsibility for the treatment expense involved.

I understand that payment is due at the time services are rendered and that a deposit may be required for surgical procedures and hospitalization. We will gladly prepare a written estimate. Please ask the doctor or receptionist.

We appreciate you entrusting us with the care of your pet. We understand that having a sick pet is often an emotional time. The best veterinary-client relationships are based on trust, communication and mutual respect. We want what is best for your pet! We will treat you and your pet with kindness, and ask that you do the same to our team. Abusive language, threats, as well as racist, sexist or homophobic language will not be tolerated. Please let us know if you have any concerns or questions.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_