



Welcome card sent

Client Information

Date: _____ Owner Name: _____

Address: _____ City _____ State _____ Zip _____

Home #: _____ Cell # _____

Can we text you? Yes or No Best Number to Text _____ Work # _____

E-Mail Address: _____ Spouse _____

How Did You Hear About Us? _____

About Your Pet(s):

1. Name: _____ Dog _____ Cat _____ Breed: _____ Age: _____

Neutered _____ Spayed _____ Color: _____

2. Name: _____ Dog _____ Cat _____ Breed: _____ Age: _____

Neutered _____ Spayed _____ Color: _____

May we use your pet's image in our social media? Yes _____ No _____

Has your pet(s) been treated for any illnesses in the last year? If so, please explain: _____

Has your pet been seen by another Veterinarian for vaccinations or other services? If yes, please explain _____

Please read carefully: In order to control the rising cost of Veterinary care, we do not allow any billing or payment plans, only cash, personal checks, Visa/MasterCard and Discover Card. All returned checks are subject to a \$30 NSF Fee.

Please sign below: I assume responsibility for all charges incurred in the care of my pet(s). I understand that all persons on the check are equally responsible for the fees incurred for an NSF checks and any collection fees associated with the collection of said fees. If I do not pay my balance in full, I understand that I am responsible for all statement fees, finance charges and attorney/collection fees. I also understand that if a NSF check is not paid back quickly, my check and personal information will be given to the Hamilton County Prosecutors Office attn: Bad Check Division.

Owner/Responsible Party

Date

Drivers License Number

Exp. Date

