

New Client Welcome



Thank you for giving us the opportunity to care for your pet.
To ensure the best care possible, please take the time to fill in this form completely.

Owner Information

Name _____ Date ____/____/____

Client DOB ____/____/____ **Over 65? Yes / No** (Clients over 65 receive 20% off products and services except food/treats)

Address _____ Unit# _____

City _____ State _____ Zip _____

Phone # (_____) - _____ (Circle One) **Home / Cell** Would you prefer to receive text messages? **Yes / No**

E-Mail Address _____

Secondary Pet Owner (authorized to make medical/financial decisions): _____

Relationship (Circle One): Spouse/Partner Parent Sibling Roommate Other _____

Phone # (_____) - _____ (Circle One) **Home / Cell**

Pet Information

Pet's Name _____ Age _____ Date of Birth (if known) ____/____/____

Type of Animal: Dog Cat Other _____

Sex: Male Female **Neutered/Spayed:** Yes No Unknown

Breed _____ Color _____

Chronic Health Conditions (Circle any that apply):

Addison's Disease Allergies: _____ Arthritis Autoimmune Disorder: _____

Behavioral: _____ Blindness Diabetes Cushing's Disease Deafness

Heart Disease Pancreatitis Seizures Thyroid Disease Other _____

Payment is Due at the Time of Service

Please indicate choice of payment: **Cash Check Debit Credit Card (Visa/MC/Discover/Amex) Care Credit**

How did you find us? Drove by Internet/Website Tri-City Animal Shelter Other _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all financial responsibility for all charges incurred in the care of this animal.

Signature of Owner/Agent _____