

New Client Form

Today's Date: _____

Owner's Name: _____

Spouse/other: _____

Address: _____ City: _____ State _____ ZIP _____

Home #: _____ Work#: _____ Cell#: _____

Email Address: _____

Employer name/Address: _____

Spouse/Other Phone #: _____

In Case of EMERGENCY, Please call: _____ Phone #: _____

Okay to text reminders to cell phone listed above? YES NO

Pet #1

Name: _____

Cat: _____ Dog: _____ Other: _____

Breed: _____

Color: _____

Sex: Male _____ Neutered _____

Female: _____ Spayed: _____

Birthdate/Age: _____

Reason for Visit: _____

Pet #2

Name: _____

Cat: _____ Dog: _____ Other: _____

Breed: _____

Color: _____

Sex: Male: _____ Neutered: _____

Female: _____ Spayed: _____

Birthdate/Age: _____

Reason for Visit: _____

Have your pets been treated for an illness in the last year?

Yes No If yes, Please describe: _____

How did you hear about us?

Drive by Google Facebook Yelp Phone Book Other Referral, Who? _____

By Signing below, I assume responsibility for all charges accrued for the care of this animal. I also understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatments or hospitalization.

PAYMENT IS DUE UPON DISCHARGE OF ANIMAL FROM HOSPITAL . PAYMENT MUST BE IN CASH OR CREDIT CARD. CHECKS WILL NOT BE ACCEPTED.

Signature of owner or responsible party: _____

Staff use only: in Comp _____ W.C. _____ Ref C: _____

Thank you for choosing Pet Central Animal Hospital for your pet's care. If for any reason you are not satisfied with our service, we encourage you to contact management in order to make it right.

