

## New Client Admission

To help us serve you, please take a moment to fill in the information on this form and return it to one of our receptionists.

### Personal Information

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

Spouse / Partner: \_\_\_\_\_

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

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cellphone

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Birth Date \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered \_\_\_\_\_

### Our Payment Policy:

Payment is expected **at the time services are rendered** and when you pick up your pet after an overnight hospitalization. **We do not offer billing.** We accept the following types of payment (please put a check next to the one(s) you intend to use for this visit and future appointments):  Cash  Check  MasterCard  Visa

**I confirm that I have read and accept the payment policy and that all information on this page is factual and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_