

New Client Form

Client Information Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ work/cell# _____ Spouse work/cell# _____

Place of Employment _____ Best time(s) to call you _____

Driver's License Number _____ Social Security Number _____

(Please note that these numbers are required in the event that you pay by check)

Email address _____ (this aids in communication between office and you)

Please indicate if you would like to utilize our email (____ yes ____ no) or text (____ yes ____ no) messaging.

All fees are due at the time services are rendered and with your signature below you accept full responsibility for payment of fees. (See reverse side for additional info on finance policy.)

Please indicate method of payment: ____ cash/check ____ visa ____ MasterCard ____ Discover ____ Care Credit

How did you become aware of our clinic? ____ Drove by ____ yellow pages ____ Previous Client ____ internet

Personal Recommendation (Whom may we thank?) _____

Pet Information	Pet 1	Pet 2	Pet 3
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed or neutered (yes or no)			
Your Dog's history	1	2	3
Rabies Vaccination			
DHLP/Parvo/Corona Virus Vacc.			
Bordetella Vaccine			
Canine Influenza Vaccine			
Fecal (stool sample check for intestinal parasites)			
Heartworm Test/Heartworm preventive			
Your Cat's History	1	2	3
Rabies Vaccination			
FVRCP vaccine			
Feline Leukemia Test			
Feline Leukemia Vaccine			
Fecal (stool sample check for intestinal parasites)			

Just as the pets are members of your family, each pet we treat is a member of our family. Please include additional information on the back of this sheet as to previous illnesses, surgeries, allergies, allergies to vaccinations or medications, or special dietary needs pertaining to your pet.

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By my signature below:

1) I agree that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a collection fee equal to 33% of the unpaid balance will be added to my account and I agree to pay that fee.

2) I agree that I will pay reasonable attorney fees and court costs if a judgment is granted against me.

3) I authorize ANIMAL MEDICAL SERVICES and any of its agents to contact me by telephone, at any of the numbers provided including any wireless number for me and/or my spouse, which could result in charges to me. I acknowledge that I may also be contacted by sending text messages, and emails, using any email addresses provided. Furthermore, I also authorize methods of contact which may include using pre-recorded and/or artificial voice messages and/or automatic dialing devices, as applicable.

Signed (owner or agent of the owner) _____