

New Client Form



Owner's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Cell      Secondary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Cell

SSN: \_\_\_\_\_ State ID or Driver's License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt/Suite \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Owner's Employer: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ May we use a picture of your pet on social media? Y/N

Preferred method of appointment reminders:                      **Phone**                      **Email**                      **Texting**

*Please list below the names of any other people, and their relationship to you, that you give permission to authorize treatment and make medical decisions for your pet(s). In some circumstances this could include euthanasia.*

1.) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2.) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

\_\_\_ Website    \_\_\_ Local Advertisement    \_\_\_ Local Rescue    Other \_\_\_\_\_

**Save Time and Money!**

Yes! \_\_\_ I am interested in substantial savings on the best care for my pet through our PAW PLAN Wellness Care!

**FINANCIAL INFORMATION:** How do you prefer to pay today? **Cash**    **Check**    **Visa/MasterCard**    **Care Credit**

I hereby authorize the veterinarian to release my pet's vaccine information to the proper authorities, groomers and other veterinarian clinics/hospitals only. Any other history requested must first be approved by myself (or significant other listed above) via written consent. Please circle: **YES**    **NO**

I hereby authorize the veterinarian to examine, prescribe for or treat my pet. I certify that I am **18 years of age or older** and I am legally financially responsible for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/hospitalization treatment. Any balances past 30 days will be charged 1.5 % interest per month equal to 18% per year. A statement handling fee of \$2.00 will also be added per statement printed. Any balances over 90 days past due may result in further action to collect the balance, including all finance charges and all fees acquired through the collections process.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

# Pet History



## Pet 1

Pet Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Species: **Canine / Feline / Exotic** Breed: \_\_\_\_\_ Color and Markings: \_\_\_\_\_

Sex: **M / F** Spay / Neutered? **Y / N** Does your pet bite? **Y / N** Weight: \_\_\_\_\_

Does your pet have allergies? **Y / N** If yes, what? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? **Y / N** If yes, what? \_\_\_\_\_

What prior illness, surgery or allergies should we know about?  
\_\_\_\_\_

Previous Veterinary: \_\_\_\_\_

## Pet 2

Pet Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Species: **Canine / Feline / Exotic** Breed: \_\_\_\_\_ Color and Markings: \_\_\_\_\_

Sex: **M / F** Spay / Neutered? **Y / N** Does your pet bite? **Y / N** Weight: \_\_\_\_\_

Does your pet have allergies? **Y / N** If yes, what? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? **Y / N** If yes, what? \_\_\_\_\_

What prior illness, surgery or allergies should we know about?  
\_\_\_\_\_

Previous Veterinary: \_\_\_\_\_

## Pet 3

Pet Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Species: **Canine / Feline / Exotic** Breed: \_\_\_\_\_ Color and Markings: \_\_\_\_\_

Sex: **M / F** Spay / Neutered? **Y / N** Does your pet bite? **Y / N** Weight: \_\_\_\_\_

Does your pet have allergies? **Y / N** If yes, what? \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications? **Y / N** If yes, what? \_\_\_\_\_

What prior illness, surgery or allergies should we know about?  
\_\_\_\_\_

Previous Veterinary: \_\_\_\_\_