

NEW CLIENT INFORMATION

Date _____
Owners name _____ Address _____
City, State, Zip code _____
Home# _____ Cell# _____ Work# _____
E-mail address _____
Social Security # _____
Driver's License Information
Number _____ Exp date _____ DOB _____ State _____

I assume responsibility for all charges incurred in the care of the following animal(s). I understand that these charges will be paid in full at the time of service or release and that a deposit may be required for treatment. I further agree that in case of non-payment, a finance charge of 1.5% monthly, a billing/processing fee, and all collection fees or attorney fees will be applied to my account balance.

X _____
Signature of Owner or Responsible Party

1. Pet's name _____ Dog/Cat/Horse _____
Breed _____ Color _____ Male/Female _____
DOB or age _____ Neutered/Spayed _____

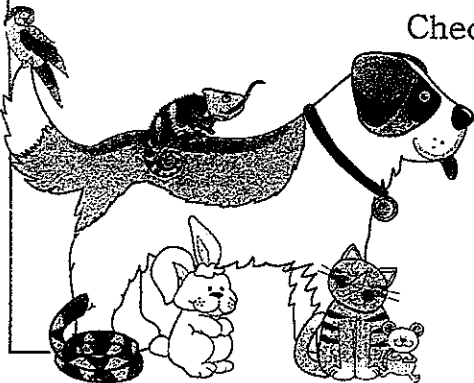
2. Pet's name _____ Dog/Cat/Horse _____
Breed _____ Color _____ Male/Female _____
DOB or age _____ Neutered/Spayed _____

Reason for Visit _____

Please circle your method of payment

Cash
Check

Credit card
Care credit



Big and Small We  Them All!