



# New Client Form

## Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Ph. Number: ( ) \_\_\_\_\_ Call  Text  Alt. Number: ( ) \_\_\_\_\_

Spouse: \_\_\_\_\_ Ph. Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph. Number: ( ) \_\_\_\_\_

Active/Retired Military  Yes (proof of Military ID)  No

## Patient Information

PET 1

PET 2

Name:	Name:
Birthday:	Birthday:
Species: Dog   Cat   Exotic	Species: Dog   Cat   Exotic
Breed:	Breed:
Color:	Color:
Sex: Male Female Unknown <b>Altered</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sex: Male Female Unknown <b>Altered</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
Current on Vaccines: Yes   No	Current on Vaccines: Yes   No

**\*\*Can we use photos of your pets on our Social Media Platforms: YES  NO**

Previous Animal Hospital/Clinic: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

All professional fees are due at time of service. Payment plans are not accepted. We will gladly prepare a written estimate if you desire. Please ask your doctor or technician. We gladly accept Cash/Visa/Mastercard/Debit/Care Credit/Scratch Pay and personal checks.

All God's Creatures Veterinary Hospital will be staffed during normal hours only. Hospitalized patients will receive treatments and medications after hours as prescribed by the attending veterinarian. Phone calls after hours will be forwarded to a voice mail system. Any after hour medical emergencies should be referred to the local 24-hour animal emergency hospital. Please note that medications cannot be provided to a pet without a doctor/patient relationship. Medication refills will be ready within 24-48 hours of request unless otherwise notified.

\_\_\_\_\_  
Signature of responsible agent for pet(s)

\_\_\_\_\_  
Date