



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted and provide optimal treatment for your pet, please complete this form to the best of your ability.

CLIENT INFORMATION

Name:	DL#:	SSN:	Date:
Home Phone:	Work Phone:	Mobile Phone:	
Address:	City:	State:	ZIP:
Place of Employment:	Best Time to Contact:		
Email Address:			
Spouse's Name:	Work Phone:	Mobile Phone:	
Place of Employment:	Best Time to Contact:		
Email Address:			
Emergency Contact:	Relationship:	Phone:	

How did you hear about our clinic?

Drove By Website Referral (Whom may we thank?): _____ Other: _____

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. Please indicate your choice of payment (check all that apply):

Cash/Check Credit Card CareCredit Pet Insurance Other: _____

PET INFORMATION

Name of Pet #1:		Species (dog, cat, etc.):	Breed:	Color:
DOB:	Age:	Sex: M F	Spayed/Neutered? Y N	Previous Vaccines? Y N
Date Last Seen:		Last Veterinary Care Facility:	Heartworm Prevention Brand:	
Name of Pet #2:		Species (dog, cat, etc.):	Breed:	Color:
DOB:	Age:	Sex: M F	Spayed/Neutered? Y N	Previous Vaccines? Y N
Date Last Seen:		Last Veterinary Care Facility:	Heartworm Prevention Brand:	
Name of Pet #3:		Species (dog, cat, etc.):	Breed:	Color:
DOB:	Age:	Sex: M F	Spayed/Neutered? Y N	Previous Vaccines? Y N
Date Last Seen:		Last Veterinary Care Facility:	Heartworm Prevention Brand:	

AUTHORIZATION

By signing below, I indicate that I understand the following terms:

- Cahaba Valley Animal Clinic is authorized to render any services reasonably necessary for the care and treatment of my animal(s) upon the recommendation of the attending doctor.
- Payment for services is due and payable upon the patient's release, unless prior arrangements have been made.
- All animals admitted for services at Cahaba Valley Animal Clinic must be current on vaccinations. I agree to pay for all necessary vaccinations if no proof or verification is presented.
- In the event I fail to pick up my animal(s) from Cahaba Valley Animal Clinic, I will receive a written notice by certified mail, return receipt requested. If I have not picked up my animal(s) within ten (10) days of receiving this written notice, Cahaba Valley Animal Clinic is authorized to dispose of the animal(s) by means of their choosing and I will pay all fees associated with such service.
- I agree that any balance not paid within thirty (30) days will be assessed a service charge of 1.125% per month (18% per annum). I further agree that in case of non-payment, all collection and/or attorney fees will be paid for by me.

OWNER'S SIGNATURE _____

DATE _____