



Eau Claire

ANIMAL HOSPITAL

2504 Mall Drive Eau Claire, WI 54701 835-5011

### NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

#### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How would you prefer to receive vaccine reminders for your pet(s)?      mail      e-mail

Yes I hereby consent to release my pet(s) medical information to the following (boarding kennel, referral veterinarian, relatives, friends).

No Please contact me prior to releasing my pet(s) medical information.

Please list name(s) of people you authorize to consent for treatment of your pets.

#### All Fees Are Due At the Time Services Are Rendered

Please indicate choice of payment.    Cash/Check    Visa    MasterCard    Discover    Am Exp    CareCredit

How did you become aware of our clinic?    Drove By    Yellow Pages    Location    PetCo    Referral

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

#### PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME	_____	_____	_____
BREED	_____	_____	_____
DATE OF BIRTH OR APX. AGE	_____	_____	_____
COLOR	_____	_____	_____
SEX: SPAYED OR NEUTERED?	_____	_____	_____

Has your pet had previous vaccinations? Yes No If yes, please indicate when and where they were given.

Any previous serious illnesses or surgeries?

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

*I assume full financial responsibility for my pet's care. I understand that I must pay in full at the time medical services are completed. I have been advised that any charges revealed during post care audits will be invoiced in a timely manner and remain my financial responsibility.*

Signature \_\_\_\_\_

Date \_\_\_\_\_