



**Office use only:**  
 Client info checked   
 Vaccine info entered   
 Microchip # entered

**New Client Form**

Date \_\_\_\_\_

**Client Information:**

Owner's name (First, Last): \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Co-Owner's name (First, Last): \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Patient Information:**

1<sup>st</sup> Pet's name: \_\_\_\_\_ Gender: Male Female Neutered Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate or Approximate Age: \_\_\_\_\_

2<sup>nd</sup> Pet's name: \_\_\_\_\_ Gender: Male Female Neutered Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthdate or Approximate Age: \_\_\_\_\_

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I give permission to send records of my pet's visit to my primary or referring veterinary

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Don't Forget to Read and Sign the Back of the Page**

**How did you hear about us?**

Drive by/sign  Internet  Personal Referral  Other

If *other*, please specify: \_\_\_\_\_

Personal Referral: Is there a client, business or organization we can thank for your referral?

\_\_\_\_\_

**Financial Policy**

Our Primary mission at Fisherville Animal Hospital is to deliver the best and most comprehensive veterinary care available for your pet. An important part of that mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. We require payment in full at the end of your pet’s examination and/ or at the time of discharge.

**Payments Options:**

-Cash, Check, Visa, Mastercard, American Express or Discover Card

-Convenient Monthly Payment options with CareCredit or Scratch Pay (You can apply from home before your visit, or at our hospital during your visit on your Smartphone)

**Additional Payment Information:**

We will charge a \$25 returned check fee, if your check is returned for any reason from our bank.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

By signing below, you agree to the foregoing terms of payment:

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

Print Name: \_\_\_\_\_