



EAST PADDEN ANIMAL HOSPITAL

New Client Form

Name: _____ Spouse's Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ DOB _____

Employer _____ Spouse's Employer _____

Driver License Number _____

Email _____

(We will not share your email and will use it to send you information regarding your pets and/or account only).

How did you become aware of our clinic? _____

Whom can we thank for referring you? _____

May we take a photo of your pet(s) for our records? (please circle) Yes No

May we share your pet's photo(s) on our website and/or social media pages? Yes No

Patient Info	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Species	Dog/Cat/Other	Dog/Cat/Other	Dog/Cat/Other	Dog/Cat/Other
Breed				
Birthdate				
Color(s)				
Sex	Male/Female	Male/Female	Male/Female	Male/Female
Spayed or Neutered?	Yes/No	Yes/No	Yes/No	Yes/No
Date of Last Vaccines				
Previous Vet				

Payment in full is required at the time services are rendered. Please circle your form(s) of payment:

Cash Visa MasterCard American Express Debit/ATM CareCredit

We are unable to accept checks.

Release and Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume financial responsibility for all charges incurred. I understand that I will be given an explanation of necessary procedures and an estimate of costs prior to incurring any expense greater than \$150.00 total, unless I request otherwise. I also understand that all charges must be paid in full at the time of discharge.

Signature _____ Date _____