



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 _____ Co-Owner/Spouse Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best number to reach you _____ Place Of Employment _____

E-mail Address _____

ALL FEES ARE DUE AT TIME OF SERVICES RENDERED

Please Indicate Choice of Payment:

Visa/MC Discover AMEX Care Credit

How Did You Become Aware of Our Clinic?

Internet Please circle: Google? Bing? Yahoo? Other? _____ Yellow Book Super Pages Red Book

I am a returning client Saw your sign Other: _____

Personal Recommendation (*Whom may we thank?*) _____

Pet's Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Please Circle: Male Female Neutered Spayed

Pet #2 Name: _____ Date of Birth: _____

Breed: _____ Color: _____

Please Circle: Male Female Neutered Spayed

Previous veterinary care received at: _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccines or medications? _____

Is your pet on any special diets or medications? _____

I understand that Independence Veterinary Hospital has continuous medical staffing during posted hospital hours ONLY.
Should your pet require continuous 24 hour medical care, we will refer you to a local emergency center.

In an effort to keep costs down, we have established the following policy: Payment is due at the time of service. We accept MasterCard, VISA, Discover, American Express, ATM cards and cash..

If you are unable to keep your scheduled appointment, kindly give a 24-hour notice so that we may schedule another patient. A charge of \$25.00 may be made for failure to keep scheduled appointments or for late arrivals. Late arrivals may need to be rescheduled.

Date: _____ **Signed:** _____