EAST PINES ANIMAL CLINIC
NEW CLIENT FORM

CLIENT INFORMATION Date _____

Name _____ SSN # _____ Birthdate_____

Spouse/Co-Owner's Name _____SSN # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____ Cell Phone _____

Spouse/Co-Owner's Primary Phone _____ Work Phone _____ Cell Phone _____

Place of Employment (Primary) _____ Place of Employment (Spouse) _____

Please provide your e-mail address so we are able to send reminders for your pet via e-mail.

E-Mail Address _____

	PET # 1	PET # 2	PET # 3
NAME			
SEX; SPAYED OR NEUTERED?	M or Fe Spayed/Neutered	M or Fe Spayed/Neutered	M or Fe Spayed/Neutered
DATE OF BIRTH			
SPECIES	Dog Cat Other	Dog Cat Other	Dog Cat Other
BREED			
COLOR			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard Discover Care Credit

Payment is due today for outpatient services. If your pet is here for surgery, hospitalization, or boarding, a deposit may be required and the balance will be due when your pet goes home. Thank You.

FINANCIAL RESPONSIBILITY AGREEMENT: I/we understand that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my account, a collection fee of 33 ⅓ % will be added to my account. I/we agree to pay that fee. I/we further agree to pay reasonable attorney fees and court costs. I agree that by providing a cell phone number on this form, I/we am providing my consent to have you or your agents call me at that number from this date forward. I/we understand and agree to the above terms.

- ☐ I authorize the release of pertinent medical records to other medical/boarding/grooming facilities, if I request them to be released in the future.
- ☐ I authorize that I have seen and read the Financial Policy for East Pines Animal Clinic.

_____ Date_____

Signature of responsible party

_____ Date_____

Signature of responsible party

Revised: October 2014