



# Old Hatchie Veterinary Clinic

## New Client Information

### Information Must Be Complete

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

Owners Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES!**

Owners

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Pager #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What time is the best time to call about your pet? \_\_\_\_\_ at what Phone Number? \_\_\_\_\_

In case of Emergency, call \_\_\_\_\_ at Phone # \_\_\_\_\_

How did you become aware of our Clinic? Hospital Sign\_\_ Yellow Pages\_\_ VetLocator\_\_ Website\_\_ Other\_\_

Pet Information

Pet's Name: \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Neutered? \_\_\_ Yes \_\_\_ No Spayed? \_\_\_ Yes \_\_\_ No

Name of Previous/Current Vet: \_\_\_\_\_

Is your pet currently receiving any medication? \_\_\_\_\_

Does your pet have any known drug allergies? \_\_\_\_\_

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES**

Method of payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for treat or perform surgery upon the pets listed above. Furthermore I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable cost of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

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