

My Family Vet



New Client Form

Thank you for letting our staff care for your pet like family!

Client Information

CLIENT ID# _____

(CLINIC USE)

Name: _____ Significant Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Work #: _____

Significant Other's Cell #: _____ Significant Other's Work #: _____

Email Address (Required): _____

Emergency Contact: _____ Phone #: _____

If Recommended, by whom? _____

****For security purposes we do require a copy of a photo ID DL # _____**

Pets	Pet #1	Pet #2	Pet #3
Name			
Species (Dog or Cat)			
Breed			
Male/Neutered or Female/Spayed			
Date of Birth			
Color			

We accept: Check Cash Visa Mastercard Discover CareCredit AMEX

I hereby authorize the veterinarian to examine, prescribe for, and or treat the above described pet(s). I assume full responsibility for all charges incurred for the care of my animal(s). I also understand that all charges will be due at the time services are rendered or that a deposit for these services may be required.

I hereby agree to pay any interest at the rate of 18% annually on all balances over 90 days from the original due date, incurred in collecting any past due balance, and a collection fee equal to 40% of the outstanding balance.

Signature: _____ Date: _____