

# New Patient Form

## Client Information:

Client name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address (Used for communication only): \_\_\_\_\_

Referred By: \_\_\_\_\_

## Pet Information: (You may list up to 4, you may write additional pet information on the back)

Pet name: \_\_\_\_\_ Pet name: \_\_\_\_\_

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: Y / N Sex: \_\_\_\_\_ Spayed/Neutered: Y / N

Color: \_\_\_\_\_ Color: \_\_\_\_\_

Pet name: \_\_\_\_\_ Pet name: \_\_\_\_\_

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: Y / N Sex: \_\_\_\_\_ Spayed/Neutered: Y / N

Color: \_\_\_\_\_ Color: \_\_\_\_\_

## Notes:

A \$25 **NON REFUNDABLE DEPOSIT required for ALL APPOINTMENTS**. The vaccine clinic is walk-in only and hours are 8 am- 4 pm Tuesday-Saturday. We close for lunch daily from 12:00-1:00 pm. We will see as many patients as we can during our normal business hours. Sick patient walk-ins are accepted at our treatment center at 8:00 am daily Monday-Saturday and will be seen on a first come first serve basis. There is a limited amount of walk-in availability and there is no guarantee that your pet will be seen.

All appointments must be confirmed by phone or email by 8am on appointment day. Unconfirmed appointments will be deleted and deposits will be forfeited at 8am on appointment day.

All patients must be checked in by the time their appointment is scheduled to begin. Late patients are seen as walk-ins and are **NOT GUARANTEED** an appointment, regardless of patient condition. Please make sure you have directions before you leave for your appointment.

Payment Terms: We accept cash, all major credit cards, and debit cards. We do **NOT** accept checks, and we cannot offer payment plans. Payment is **DUE IN FULL** at the time of service.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date