



New Client Form

Client Name: _____

Additional Names: _____

Street Address: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

E-Mail Address: _____

Would you like reminders sent to you via e-mail? yes no

Patient Name: _____ Breed: _____ Age: _____

Known Allergies: _____

Medical Concerns: _____

Is your pet on heartworm preventative? yes no If yes, which brand? _____

Is your pet on flea & tick preventative? yes no If yes, which brand? _____

What is the reason for your visit today? _____

How did you hear about us? _____

I hereby authorize the veterinarian to examine, treat and prescribe for the above described pet. I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional fees are due at the time service is rendered. In the event that an invoice is not paid in full and is sent to collections, a 40% price adjustment will be added to the total due to collection fees. On occasion, my or my pet's likeness may be captured on video or other media. I hereby authorize Middlehope Veterinary Hospital and Pet N Play Luxury Resort to use, broadcast, and/or reproduce my and my pet's likeness in video, print, or other media. I understand I will not be compensated for any such use.

Signature of client responsible for pet(s)

Date