

# Alamance Veterinary Hospital

## New Client Form

Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment:  Cash/Check  Visa  MasterCard  Care Credit  
 American Express  Discover

How did you find our clinic?  Yellow pages  Sign/Location  Website  
 Public Event  Referral from a Friend (whom may we thank?) \_\_\_\_\_

How would you prefer to receive reminders ? (check all that apply)

Phone  Email  Postcard

### PATIENT(S) INFORMATION TO BE SEEN TODAY

Patient's Name \_\_\_\_\_ Species  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_  
Sex  Male Neutered? Yes / No  Female Spayed? Yes / No

Patient's Name \_\_\_\_\_ Species  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_  
Sex  Male Neutered? Yes / No  Female Spayed? Yes / No

### Do you have other pets at home?

Patient's Name \_\_\_\_\_ Species  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_  
Sex  Male Neutered? Yes / No  Female Spayed? Yes / No

Patient's Name \_\_\_\_\_ Species  Dog  Cat  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_  
Sex  Male Neutered? Yes / No  Female Spayed? Yes / No

May we request your pet's records sent from another practice? Please select

Yes, Practice Name \_\_\_\_\_  Not at this time

**I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of my pet. I also understand that all fees are due at the time service is rendered.**

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Clinic use Only**

Complete Form Entered     Record Obtained     Records Entered   

Revised 06/21/12