

BYNUM VETERINARY CLINIC

New Client

Thank you for giving Bynum Veterinary Clinic 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: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____ Cell: _____

Place of employment: _____

Social Security # _____ Drivers License# _____

Email address: _____ (So we can send reminders, newsletter, ect)

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED

Please indicate choice of payment: _____ Cash _____ Check _____ Visa/MC/Discover

Referred by? (whom may we thank?) _____

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Name:	_____	_____	_____

Breed/Color _____

Date of birth _____

Sex – Spay/Neuter _____

Vaccination history _____

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diet or medication? _____

All emergencies and first visits are cash, unless prior arrangements have been made. Clients will be responsible for any collection or attorney fees. If this account is turned over to a collection agency, the client will be responsible for any collection fees, court costs, attorney fees, and finance charges of 1.5% or \$5.00 a month (whichever is greater).

I understand the above and will abide by it.

Signature

Date

