

New client information form

Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone: _____ Mobile: _____

Email address: _____

Driver license No: _____

Place of employment: _____ Work Ph: _____

Spouse name: _____

Driver License No: _____

Place of employment: _____ Work Ph: _____

Patient/Pet information

Pets name: _____ Species _____ *Breed: _____

Color: _____ Age: _____ (or Birthday if known) Sex: _____

Spayed or neutered: Yes / No (circle one)

Previous Vaccination history: _____

Vaccination done by which Veterinarian (if not us)? _____ date done: _____

Authorization for treatment

By signing below, I authorize Carlson Pet Hospital to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and or assistants.

Financial Policy

Payment is due as services are rendered. We accept cash, checks, credit and debit cards (Visa, MC and Discover). In order to avoid any misunderstandings, please let us know immediately if these terms are unsatisfactory. There is a \$25 returned check fee (other charges may occur if returned checks not promptly taken care of).

Authorization

I am the owner of the above pet, or am acting as the agent for the owner, and accept full financial responsibility.

Signature: _____ Date: _____

- **Breed:**

- **Dogs:** If unknown, put "unknown" or leave blank for the Dr. to determine breed. If a mixed breed, put "mix" or if you know part of it put the part you know with the word "mix" after it (example: "Lab-mix", "Poodle-mix", ect..).
- **Cats:** If not a pure breed, put DSH for short haired cats, DMH for medium hair and DLH for long hair (FYI: the D stands for domesticated)