

# Best Friend Vet Clinic New Client/Pet Info

## Client Information:

Client ID \_\_\_\_\_  
For Office Use

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Referred By: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_ Species: Dog  Cat

Breed: \_\_\_\_\_ Sex: M  F  Spayed/Neutered Yes  No

Birthday/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip # \_\_\_\_\_ Allergies if any \_\_\_\_\_

## Authorization

I am the owner for the above animal and assume responsibility for all of the charges incurred in the care of this animal including any collection and/or attorney's fees. THIS CLINIC DOES NOT DO PAYMENT ARRANGEMENTS; PAYMENT IS EXPECTED AT TIME OF SERVICE. Any unpaid balances will accrue interest at 18% APR and a \$25 fee will be charged for any returned checks.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on vaccines. Dogs must be current on DHLPP, Rabies, Bordetella, and Canine Influenza. Cats must be up to date on FVRCP, and Rabies. Both cats and dogs must be free of internal and external parasites. Please bring proof of all vaccines. If vaccines cannot be verified, the doctor will provide vaccines and parasite control if needed. The above owner will be responsible for these charges. I understand that payment is due at the time of service and that a deposit may be required for surgical procedures, emergencies, and hospitalization. We do offer CARE CREDIT for pet care expenses. If you are interested in Care Credit ask a receptionist for details.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_