

WELCOME

NEW PATIENT FORM- MUST BE FILLED OUT COMPLETELY
PAYMENT IS EXPECTED AT TIME OF SERVICES

Thank you for giving us the opportunity to care for your pet! So that we may become better acquainted, please complete the following:
MUST BE EIGHTEEN YEARS OR OLDER!!!!

CLIENT INFORMATION

OFFICE USE ONLY:

DATE: _____

CLIENT#: _____ INT: _____

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Primary Phone _____ Alt Phone _____

Work Phone _____ Co-owner/ Spouse _____ Co-owner/ Spouse Phone _____

County _____ Email _____

Social Security # _____ Spouse Social Security # _____

Driver's License # _____ Spouse Driver's License# _____

Place of Employment _____ Preferred Doctor _____

Date of Birth _____ Spouse Date of Birth _____

How did you become aware of our hospital? Drove by _____ Internet _____ Yellow Pages _____

If you had a personal referral to our hospital, whom may we thank? _____

May we have permission to post pictures of your pet on social media? Yes _____ No _____

PET INFORMATION

Pet Name _____ Male _____ Female _____ Spayed or Neutered _____

Date of Birth _____ Age _____ Breed _____

Color _____ Micro-chip# _____ Diet _____

Allergies _____ Does your pet have an Instagram handle? _____

Vaccination History

By law all pets must be vaccinated for Rabies. Please give any previous records to the front desk staff to scan into your pet's file.

Date of last Rabies vaccine _____ Has your pet ever had a vaccine reaction _____

Name of prior vet _____ Phone# _____

By signing this agreement, I agree to pay for all fees at the time services are rendered. There is a \$30.00 Service Charge for all returned checks. Any account that is 30 or more days past due may be sent to collections. If a default of this agreement occurs and/or in the attempt to collect money owed to Pacific Animal Hospital, I may also incur additional fees on my account that may include service charges, collection fees, attorney fees, court costs, interest, and any other charges associated with collecting money owed on my account. I have read the above and agree to the terms and conditions set forth herein.

SIGNATURE (REQUIRED): _____

Be sure to  and follow us on Instagram  @pacificanimalhospitalmo