



# NEW CLIENT FORM

## CLIENT INFORMATION

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Home Address:	<input type="text"/>		
Email Address:	<input type="text"/>		
How did you hear about us?	<input type="text"/>		
Name of Spouse or Other Contact:	<input type="text"/>		
Cell Phone:	<input type="text"/>	<input type="checkbox"/>	OK To Text?
Alt Phone:	<input type="text"/>		
Spouse Phone:	<input type="text"/>	<input type="checkbox"/>	OK To Text?

## PET INFORMATION

	Pet 1	Pet 2	Pet 3
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Color:	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB/Age:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex (M/F)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spay/Neuter (Y/N)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PAYMENT POLICY

Payment is due in full at the time of services rendered. We accept cash, checks, all major credit cards, and Care Credit. A \$30.00 service charge will be applied to any checks returned unpaid.

I have read and understand the above statements and agree to all terms therein.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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