

New Client Form

Client First and Last Name			Second Name on Account and Relationship				
			Circle One: Spouse / Partner / Relative / Friend / Petsitter				
Street Address (with Apt/Lot No. & Zip Code)			Mailing Address (if different than Street)				
Apt/Lot:			Apt/Lot:				
City:		Zip:	City:		Zip:		
Phone Numbers		Order to Call? (1,2,3)	Phone Numbers for Second Name		Order to Call? (1,2,3)		
Home:			Home:				
Cell:			Cell:				
Work:			Work:				
Email Address		Join Mail List? (Y/N)	Driver's License State & No. (to pay by check or credit Card)				
			State:	Number:			
Client Identification			Client Preferences				
Please remind me of upcoming Appointments by:			Please send pet vaccine & treatment Reminders by:				
Circle One: Email / Phone			Circle One: Email / US Mail				
How did you learn about our clinic (Circle One)? Drove By /			Friend or relative / Referred by Vet / Website				
Other (specify): _____			Who may we thank for your referral? _____				
Pet Name #1		Sex?	Spay/Neuter?	Dog/Cat?	Breed?	Color?	Age?
Has your pet ever bitten anyone? Yes / No			Is your pet taking medications or on a special diet? Yes / No				
Clinic/Veterinarian who last gave your pet vaccinations:			Clinic/Veterinarian who last saw your pet:				
Please enter "None" if your pet has never been vaccinated.			Has your pet ever had an allergic reaction? Yes / No				
Pet Name #2		Sex?	Spay/Neuter?	Dog/Cat?	Breed?	Color?	Age?
Has your pet ever bitten anyone? Yes / No			Is your pet taking medications or on a special diet? Yes / No				
Clinic/Veterinarian who last gave your pet vaccinations:			Clinic/Veterinarian who last saw your pet:				
Please enter "None" if your pet has never been vaccinated.			Has your pet ever had an allergic reaction? Yes / No				

AUTHORIZATION TO PROVIDE CARE

I confirm I am 18 years old (or older) and I am the owner (or authorized agent of the owner) for the pet listed above. With my signature, I authorize the veterinarians and staff of Twin Peaks Veterinary Center to examine, treat, administer medications, and perform diagnostic and surgical procedures for my pet. I understand that an estimate of the fees for veterinary services will be provided to me before such services are rendered, and that I am encouraged to discuss all fees related to such care before (and during the time) that services are rendered. I also agree to assume responsibility for all charges incurred in the care of my pet(s), as well as reasonable attorney's fees, court costs, and interest if the balance is sent for collection. **I understand that full payment is due at the time services are rendered, and that Twin Peaks Veterinary Center does not bill for services or provide payment plans for treatment.** Payments must be made with cash, Visa, MasterCard, Discover, American Express, Debit Card or a Check pre-printed with your name and address. At least one picture identification (driver's license, etc) is required if you pay by Check or credit card.

I acknowledge that I have read, understand and agree with the above information.

Signature: _____ Date: _____

Please bring all medications and any medical records you have for your pets to their first visit.