



New Client Information Sheet Thank you for allowing us to care for your pet. To insure the best care possible, please fill out this form completely. We'll be happy to answer any questions you may have.

Client Information						Date:
Title:	First Name:	M:	Last Name:			
Address:						
City:			State:	ZIP:		
Home Phone:	Cell/Work:	Email Address:				
Date of Birth:	Driver's License #:	State Issued:				
Payment Type: <i>(check one)</i> Check Cash Visa MasterCard Discover Care Credit						
Spouse/Significant Other						
Title:	First Name:	M:	Last Name:			
Employment Information						
Current Employer:						
Address:				Phone:		

Patient Information					
Pet's name:	Species: canine feline other				
Breed(s) <i>(or best guess):</i>	Birthday <i>(or approx. age):</i>		Color:		
Current on vaccinations? yes no	Spayed/Neutered? yes no		Sex: male female		
Reason for your visit today:					
Past problems or illnesses:					
Current medications:					
How did you hear about us?					

Referring Veterinarian	
Dr:	
Practice name:	
Phone:	Fax:
Address:	
City, State, Zip:	

Primary Care Veterinarian	
Dr:	
Practice name:	
Phone:	Fax:
Address:	
City, State, Zip:	

AUTHORIZATION: I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I, as the owner or acting on behalf of the owner, assume responsibility for all the charges incurred in the care of this animal. I also understand that a deposit will be required for surgical, diagnostic and/or emergency treatment and that these charges will be paid in full at the time of release. All accounts left unpaid after 30 days will accrue a 1.5% monthly finance charge as well as a \$3.00 statement fee. Past due accounts are subject to costs of collection and legal fees. I also authorize ASG and its representatives to utilize the pet's name, any photos and case information for marketing purposes, including social media, website, lecture materials or other marketing-related materials.

Signature of Owner/Responsible Party: _____	Date: _____
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