



McDowell Mountain ANIMAL HOSPITAL

"Gentle, compassionate, quality care for cats and dogs"



New Client Form

What is Your Pets Name? _____

Reason for Today's Visit? _____

Owner Name: _____

LAST FIRST Middle Initial

Co-Owner Name: _____

LAST FIRST Middle Initial

Home Address _____ **Apt#** _____

City: _____ **St.** _____ **Zip** _____

PHONE NUMBERS: HOME () _____ - _____ CELL () _____ - _____

WORK () _____ - _____ OTHER () _____ - _____

EMAIL ADDRESS: _____

Please support our efforts to be paperless by providing your email address

PET INFORMATION:

Species: DOG: _____ CAT: _____ OTHER: _____

Breed: _____

Birthday or Age: _____

Color: _____

Please Circle: Gender: Male Female **Is Your Pet Spayed/Neutered?** YES NO

Microchip: YES NO

List any Medications: _____

List any Allergies: _____

List any health problems _____

PREVIOUS VETERINARIAN: Hospital/Clinic Name _____

Doctor's Name _____ Phone _____

Address _____

City _____ St. _____ Zip _____

How did you hear about our Hospital? _____



Refer a Friend and Receive a \$10 Certificate good towards Future Services!

OFFICE FINANCIAL POLICY

Payment in full is due at time your pet is discharged from McDowell Mountain Animal Hospital. At your request, we will provide a written estimate of charges for the care of your pet. By signing this I authorize the doctors to perform treatment for my pet. I assume responsibility for all charges incurred in the care of this animal.

Owner/Agent Signature _____ **Date** ___/___/___