

WELCOME TO THE
******* Bar-S-Veterinary Clinic *******

New Client Information Form

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, and keep in contact with you about your pets needs, please take a moment to fill out this form completely. Thank you!

Date: _____
Owner: _____
Address: _____
City, State: _____ Zip Code: _____
Home Phone #: _____ Work #: _____
Cell #: _____
Email Address: _____
Spouse/ Other contact: _____ Phone #: _____
In case of EMERGENCY, we should call _____

Name of Pet: _____ Dog Cat Other _____
Breed: _____ Color: _____ Birthday: _____
Male__ Female__ Neutered__ Spayed__
Vaccination History (Date and Type of last vaccinations):

Pet's current medications: _____
Pet's Diet (including brand): _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet /pets. I assume full responsibility for all the charges incurred for the care of my animal /animals. **I ALSO UNDERSTAND THAT ALL CHARGES ARE TO BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MY BE REQUIRED FOR SURGICAL PROCEDURES.**

Signature of Owner: _____
Method of Payment: Cash _____ Check _____ Credit Card _____
Other _____