



New Client Form

Owner Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work (____) _____

Email _____@_____

Alternative Contact _____ Phone (____) _____

Did someone refer you to us? YES / NO If so, who? _____

Patient #1 Information

Name _____ Canine or Feline Male or Female Spayed/Neutered or Intact

Breed _____ Color _____ Date of Birth _____

Last Vaccination Date _____ Place of Vaccination _____

Medical History _____

Patient #2 Information

Name _____ Canine or Feline Male or Female Spayed/Neutered or Intact

Breed _____ Color _____ Date of Birth _____

Last Vaccination Date _____ Place of Vaccination _____

Medical History _____

(For additional pets, please request a second sheet.)

Payment Terms

Payment is due at the time service is rendered. A \$25 administrative fee will be added if payment is not received at the time of service or as agreed upon with The Visiting Vet. In the event that payment is not made as agreed, the animal shall not be released and hospitalization and/or boarding charges will accrue. Interest shall accrue on all unpaid balances at a rate of 1.5% per month. There is a \$35 charge for return of any check, including stop payments. In the event of default in the terms of this account, the customer agrees to pay all costs and expenses of collection, including attorney fees. It is agreed that venue of any dispute is in Dade County.

Client Signature

Print Client Name