

# New Client/Pet Information

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## Owner information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_  
How did you hear about our clinic?: \_\_\_\_\_

## Pet #1

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_  
Dog / Cat (circle one) Male / Female (circle one) Spayed/Neutered/Intact (circle one)  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip Number: \_\_\_\_\_

### Vaccination History (provide dates if known)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm Test \_\_\_\_\_

## Pet #2

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_  
Dog / Cat (circle one) Male / Female (circle one) Spayed/Neutered/Intact (circle one)  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip Number: \_\_\_\_\_

### Vaccination History (provide dates if known)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm Test \_\_\_\_\_

## Pet #3

Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_  
Dog / Cat (circle one) Male / Female (circle one) Spayed/Neutered/Intact (circle one)  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Microchip Number: \_\_\_\_\_

### Vaccination History (provide dates if known)

Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Leukemia \_\_\_\_\_ Bordetella \_\_\_\_\_ Heartworm Test \_\_\_\_\_

**\*\* PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED \*\***  
We accept cash, Visa, Mastercard, American Express and Care Credit.

I, the undersigned owner or authorized agent of the above admitted patient(s), hereby authorize the doctors of Towne Center Animal Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a monthly 1.5% (18% APY) finance charge. Any balance that I leave unpaid will be forwarded to our collection agency, and will incur a 25% collection fee for which I am liable, in addition to monthly finance charges. At my request Towne Center Animal Hospital will gladly discuss cost of services and/or prepare a written estimate of recommended procedures/treatments. Deposits may be required for pets being admitted into the hospital.

Signature of owner/agent \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_