

**New Client Get Acquainted Form**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse or Co-Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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Pet #1	Pet #2
Name _____	Name _____

D.O.B. _____	D.O.B. _____
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Breed _____	Breed _____
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Sex _____ Color _____	Sex _____ Color _____
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Spayed or Neutered? _____ Intact _____	Spayed or Neutered? _____ Intact _____
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Date of last Vaccination _____	Date of last Vaccination _____
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Where were they given? _____	Where were they given? _____
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Any long term problems? _____	Any long term problems? _____
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**Payment is due at the time of service. We DO NOT Bill.** We accept cash, Visa, MasterCard, Discover, Care Credit or American Express cards. We accept checks on a case to case basis; please check with the front desk to see if your check is acceptable. A finance charge of 1 ½ % per month of the unpaid balance will be added monthly. Should collection become necessary, the responsible party agrees to pay an additional 40 % collection fee, and all legal fees of collection, including attorney fees and court cost.

**How will you be paying today?** Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ CareCredit \_\_\_

Signature of Owner/ Responsible Party \_\_\_\_\_