



## NEW CLIENT FORM

*Thank you for giving us the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following:*

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse's/Partner's Name \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you become aware of our clinic? Drove by Phone Book Internet  Other \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

DOG	CAT	NAME	COLOR	DATE OF BIRTH	SEX	SPAYED/ NEUTERED?

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

### Payment Policy and Agreement

Packanack Animal Hospital accepts cash, personal checks, VISA, MasterCard, Discover and Care Credit as payment. If you would like information on applying for Care Credit, please alert one of our staff members and we will be happy to discuss it with you.

I understand that payment is expected for services when they are rendered and products when they are dispensed. I further understand that prior to a surgical procedure or to your pet's hospitalization, a deposit may be required.

If for any reason a balance is not paid in full when services are rendered, a service charge and statement fee will be applied to the balance each month that the balance remains unpaid. If collection services must be sought, I agree to pay any and all additional charges associated with the collection of my balance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date