



# 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 Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: Cell?  Yes  No \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Spouse's Phone #: Cell?  Yes  No \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Spouse's Place of Employment: \_\_\_\_\_

Driver's Lic. # & State \_\_\_\_\_ Soc. Security #: \_\_\_\_\_

Spouse's Drivers's Lic. # & State or Soc. Security #: \_\_\_\_\_

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

**WE CAN NOW TEXT YOU APPOINTMENT REMINDERS AND UPDATES FOR YOUR PET!**  
**How would you like to be contacted?**     Text     Email     Phone     Mail

How were you referred to our clinic?  Drove by     Yellow Pages     Newspaper     Radio     Website  
 Client     Personal Recommendation (Whom may we thank?) \_\_\_\_\_  
 Other \_\_\_\_\_

*I assume all Financial Responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit may be required. All fees are due at the time services are rendered.*  
 Signature of Owner: \_\_\_\_\_

*I am the owner or agent for the described animal(s) and have the authority to execute this consent. I hereby authorize the Veterinarian and staff of Lake Hamilton/Hot Springs Animal Hospitals to examine and render treatment. I also authorize the use of appropriate medical and surgical procedures, including anesthetics and other medications, as deemed necessary by the Veterinarians. I realize that results cannot be guaranteed.*  
 Signature of Owner: \_\_\_\_\_

## PET(S) INFORMATION

Would you like to be present during the treatment of your pet?  Yes     No

Please CHECK ONE of the following:  
 I want the best possible treatment for my pet(s) in all situations.  
 I want the best possible treatment for my pet(s), but I have financial considerations.  
 I want minimal care for my pet(s).

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed or Neutered			

Previous Veterinarian's Name: \_\_\_\_\_ May we request health records?  Yes     No  
 I \_\_\_\_\_ give Lake Hamilton/Hot Springs Animal Hospital permission to request any vaccination or any other medical history necessary for my pet(s) needs from my previous veterinarian.

# LAKE HAMILTON/HOT SPRINGS ANIMAL HOSPITAL FINANCIAL POLICY

Since all offices are different, and you are new to our office, we feel it is only fair to you that we are specific and clear about our payment policy.

You may be used to having offices bill you for service. This is really a thing of the past, and you will find it is less and less practiced due to the rising costs of veterinary care throughout the U.S.

For your convenience, we accept cash, personal checks (we do not accept temporary checks or third party checks), VISA, MASTERCARD, DISCOVER, and CareCredit.

We have found through experience that clients feel better when they can afford to pay for their pet's care. This way they do not feel the burden of obligation toward us because of a balance owed.

**Therefore, our policy is payment is due when service is rendered.**

We have found some clients need help figuring out how to afford care especially where the care is more extensive. We do offer CareCredit, which is a medical credit card that you can apply for right in our office. Just ask the receptionists about this option if you feel this might benefit you.

If you have any questions, please feel free to ask any of our front office staff.

Please sign below to show that you understand and agree with our financial policy. This form will be kept as a permanent part of your records.

Name \_\_\_\_\_

Date \_\_\_\_\_

*We welcome you and your pets here!*