



NEW CLIENT FORM

CLIENT INFORMATION

Owner's Last Name _____ First Name _____

Spouse/ Co-owner's Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Owner's cell _____ Co-owner's cell _____

Work/other _____ Email address _____

How did you hear about us? Sign/Drive-by Internet Mailer Other

Personal recommendation (Whom may we thank?) _____

PATIENT INFORMATION

Name _____ Circle one: Dog Cat Other: _____

Breed _____ Male/Female _____ Spayed/Neutered: Yes/No

Birth Date _____ Color _____ Is your pet microchipped? Yes/No

Name _____ Circle one: Dog Cat Other: _____

Breed _____ Male/Female _____ Spayed/Neutered: Yes/No

Birth Date _____ Color _____ Is your pet microchipped? Yes/No

Name _____ Circle one: Dog Cat Other: _____

Breed _____ Male/Female _____ Spayed/Neutered: Yes/No

Birth Date _____ Color _____ Is your pet microchipped? Yes/No

To insure proper care of your pet and for your convenience we will input your pet's information into our computer system which will automatically email you reminders of your pet's healthcare. Please notify us of any changes.

AUTHORIZATION AND FINANCIAL POLICY:

I authorize the doctors and staff of Timber Ridge Animal Medical Center to examine, prescribe for and treat the above described pet(s). Timber Ridge Animal Medical Center requires payment in full at the time any and all services are rendered. As legal owner or responsible agent of the above pet(s) I certify that I have read and agree to the above financial policy. I hereby assume financial responsibility for all services rendered.

SIGNATURE OF OWNER OR AGENT

DATE