

**D.O.C.'S VETERINARY HOSPITAL  
NEW CLIENT INFORMATION**

**FIRST NAME:**

**LAST NAME:**

PHYSICAL ADDRESS: City, State, Zip

MAILING ADDRESS IF DIFFERENT FROM PHYSICAL

Cell phone#

Home phone#

Work Phone #

**E-Mail:**

Alternate Responsible Contact:

Name:

Phone #

**We utilize text and email as a primary means of communication between our hospital and our clients. How would you like to get your reminders for appointments and medication pickups?**

**Text  or Email**

**Please confirm your reminder information (cell phone number or email).**

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL TO CANCEL MY PETS APPOINTMENT WITHIN 24 HOURS OF APPOINTMENT TIME OR A \$45 NO-SHOW FEE WILL BE CHARGED. PLEASE INITIAL HERE:**

**PET INFORMATION**

NAME OF PET

BREED & COLOR

SEX (FIXED?)

BIRTHDAY

**ALL PAYMENTS ARE DUE AT TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CARE CREDIT OVER \$250, AND ALL MAJOR CREDIT CARDS. (I.D. VERIFIED). I AM THE OWNER OR LEGAL REPRESENTATIVE OF ANIMAL(S) PRESENTED FOR VETERINARY SERVICES. I AM 18 YEARS OLD OR OLDER. I AGREE TO PAY IN FULL FOR ANY & ALL COSTS INCURRED, INCLUDING ANY COLLECTION/DAMAGES PER NRS 41.620/ATTORNEY/COURT FEES.**

**Signature**

**Date**

**X**.....