

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

LAST NAME

FIRST NAME

Driver's License Number:

Expiration:

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. We use them for confirming appointments, medication pick-ups and as an alternate form of communication when we cannot reach you by phone. If you wish to opt out of these types of communications, please initial here: _____

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL TO CANCEL MY PETS APPOINTMENT 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, CHECK (UPON APPROVAL), AND CREDIT CARDS. (I.D. VERIFIRD). 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-----