

**Whitney Veterinary Hospital & Cat Care Clinic
NEW CLIENT FORM**

WELCOME! Thank you for giving us the opportunity to be your pet's healthcare partner.

Client Name _____ Spouse/Co-Owner _____

Address _____ City _____ State _____ County _____ ZIP _____

Preferred Phone # _____ HM WK CELL E-Mail _____ @ _____
 Other Phone # _____ HM WK CELL Preferred method of contact: Email Phone Mail Text*avail soon
 Other Phone # _____ HM WK CELL Place of Employment _____

ALL FEES ARE DUE AT EACH VISIT

Preferred payment method: Cash/Check Visa MasterCard Discover Care Credit

DO YOU HAVE PET INSURANCE? No Yes Which Pet Insurance? _____

How did you know about our hospital? Drove by/Sign Yellow pages AAHA Referral Website / Internet
 Did someone recommend us to you ? _____ Other _____

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Date of Birth			
Color			
Sex / Spayed or Neutered?			
VACCINATION HISTORY			
Last Rabies			
Last Distemper/Parvo			
Last Bordatella (Kennel Cough)			
Last Fecal Test (Stool Sample)			
Last Heartworm Test			
Last FVRCP Feline			

Did you bring your pet's previous medical records with you today? Yes No

Previous Veterinarian's Name _____

Did your Dr. refer you here? No Yes For what procedure? _____

I give my permission for any previous veterinarian to release my pet's medical records to Whitney Veterinary Hospital.

Signed X _____

Previous serious Illnesses or Surgeries _____

Allergies (food/vaccinations/medications) _____

Special diets _____

Medications _____

Upon request we will provide you with a written Treatment Plan with fees for any hospital treatment, emergency care, surgery or hospitalization. A deposit prior to treatment may be required. Accounts not paid within 30 days are subject to an interest finance charge computed at a "periodic rate" of 1½ % per month on the unpaid balance (18% annually). The minimum monthly finance charge is \$5.00. I understand that if I fail to make payment in full (in a timely manner) and my account becomes past due, I shall be liable for and agree to pay, all collection agency fees (not to exceed 33.3%), reasonable attorney fees and court costs.

I give Whitney Veterinary Hospital permission to post my pet's picture, story on Social Media. Yes ___ No ___

OWNER'S/ SIGNATURE: X _____ **Date** _____

SPOUSE'S/CO-OWNER'S SIGNATURE: X _____ **Date** _____

(Must be at least 18 years old to sign)

Thank you for choosing Whitney Veterinary Hospital