



# Whitney Veterinary Hospital NEW CLIENT FORM

WELCOME! Thank You for choosing Whitney Veterinary Hospital

Owner's 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  
Other Phone # \_\_\_\_\_ HM WK CELL Place of Employment \_\_\_\_\_

How did you know about us?  Drove by/Sign  Yellow pages  AAHA Referral  Website / Internet  
 Friend or family Referral \_\_\_\_\_  Other \_\_\_\_\_

Do you have PET INSURANCE? Yes No Which Pet Insurance? \_\_\_\_\_

	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 Bordetella (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 they refer you here? Yes No  
If referred - For what procedure? \_\_\_\_\_  
I give my permission for any previous veterinarian to release my pet's medical records to Whitney Veterinary Hospital.  
**Signed X** \_\_\_\_\_

**Brief History**  
Previous serious Illnesses or Surgeries \_\_\_\_\_  
Allergies (food/vaccinations/medications) \_\_\_\_\_  
Special diets \_\_\_\_\_  
Medications \_\_\_\_\_

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

### ALL FEES ARE DUE AND PAYABLE AT EACH VISIT

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

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.

Owner's Signature: X \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's/Co-Owner's Signature: X \_\_\_\_\_ Date \_\_\_\_\_  
(Must be at least 18 years of age)

Data Entered by \_\_\_\_\_ on \_\_\_\_\_