



## New Client & Patient Information Form

### CLIENT INFORMATION:

First/ Last name: \_\_\_\_\_ Spouse First/ Last name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

For check writing privileges, please provide your Driver's License # \_\_\_\_\_

We will send reminder by e-mail in the future. *Please help us go paperless!* E-mail Address: \_\_\_\_\_

### How did you become aware of our hospital?

Friend and/or Client? Whom may we thank? \_\_\_\_\_

Referred by a Veterinarian? Whom may we thank? \_\_\_\_\_

Drove by  Magnet Mailer  Yellow Pages  Internet Search  Website, [www.amadorvalleyvet.com](http://www.amadorvalleyvet.com)  yellowpages.com

### Consent Form for Treatment and/or Admission

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet(s) identified below, certify that **I am** \_\_\_\_ **I am not** \_\_\_\_ (check one) eighteen years of age or over. I understand that an estimate of the fees for veterinary services is available to me upon request and that I am encouraged to discuss all fees related to the care of my pet before services are rendered and during my pet's ongoing medical treatment. All payments are due at the time of service. I agree to assume financial responsibility for all fees and will provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

**ALL FEES ARE TO BE PAID AT THE TIME OF SERVICE**  
**WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, DISCOVER, CARE CREDIT AND ATM CARDS**

SIGNATURE & DATE: \_\_\_\_\_

### PATIENT INFORMATION:

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?:  Yes  No

Species:  Dog  Cat  Bird  Ferret  Reptile  Rabbit  Other \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Who is your pet's previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### PATIENT INFORMATION:

Pet's name: \_\_\_\_\_ Sex:  Male  Female Neutered or spayed?:  Yes  No

Species:  Dog  Cat  Bird  Ferret  Reptile  Rabbit  Other \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's previous veterinarian? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

CLIENT ID #: