



New Client Form

*Thank you for giving us the opportunity to care for your pet(s).
 So that we may become better acquainted, please complete the following:*

CLIENT INFORMATION

Date _____

Preferred Name _____

Legal Last Name _____ First Name _____

Title Dr. Mr. Mrs. Ms. Occupation _____

Spouse/Co-Owner's Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Phone _____

E-Mail Address _____

How Would You Like to Receive Important Updates and Reminders? (check all that apply) Email Text Phone

Previous Veterinarian _____ May Contact for Medical Records? Yes No

How did you become aware of our clinic? Drove by Website Google TV Other _____

Personal Recommendation (*Whom may we thank?*) _____

BASIC PATIENT INFORMATION

	PET # 1	PET # 2	PET # 3
NAME			
SPECIES			
BREED			
DATE OF BIRTH (or estimated age)			
COLORING			
MALE OR FEMALE			
SPAYED OR NEUTERED			

WE REQUIRE ALL SERVICES TO BE PAID FOR AT THE TIME THEY ARE PREFORMED

In order to help control the escalating costs of medical care, University Veterinary Care Center no longer allows charging bills to personal credit accounts. To help clients spread the expense of larger bills, we offer credit services through CareCredit. Applying only takes a few minutes, and our staff can assist you with any questions you may have.

I have read and understand the information in the form above _____

Signature