

Dogwood Pet Hospital



NEW CLIENT INFORMATION

People Name(s): _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Cell: _____

Work (his): _____ Employer: _____

Work (hers): _____ Employer: _____

E-Mail: _____ Driver's License: _____

Credit Card #: _____ Exp: _____

I authorize charges to be automatically billed to this card: Yes / No (initial____)

Previous Veterinarian/Clinic(s) (to get records): _____

How did you hear about Dogwood?

Yellow Pages – Sign/location – Internet (any source)

Person/Organization: _____

Please list the three most important things you would like from your veterinary experience at Dogwood (compassionate care, internet contact/purchases, convenient hours, etc.):

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T

Pet's Name: _____ Breed: _____

Colors: _____ Birth date: _____

Circle: Male / Female / Spayed / Neutered / Fertile

Microchip ID? Yes / No Pet Insurance Carrier: _____

Does your pet have any special needs? (allergies, nutrition, vaccination reactions, etc.)

All fees are due when services are rendered. We accept cash, check, VISA/MasterCard/Discover/AmEx, and CareCredit.

Signature: _____

Charles G. Hawkins, DVM, CVA



Rebecca Prull, DVM, CVA