

Dogwood Pet Hospital



NEW CLIENT INFORMATION

People Name(s): _____
Street: _____
City/State/Zip: _____
Phones: Work (who): _____ Cell (who): _____
Work (who): _____ Cell (who): _____
E-Mail: _____ Home: _____
Previous Veterinarian/Clinic(s) (to get records): _____

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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.):

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. Any account with a balance owing at month end will be assessed a \$7 billing fee. There will be a \$25 fee for all returned checks. Your signature also permits us in absence of contrary notification to request your pet's previous records from other veterinarians and to provide our medical records to other veterinarians as needed.

The following information will be kept in a secure file. We ask it for your convenience, and as security for checks written:

Client ID: _____ (provided by Dogwood staff)

Driver's License #: _____

Credit Card #: _____ Exp: _____

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

Signature: _____ Date: _____