

WELCOME TO FAITHFUL FRIENDS ANIMAL HOSPITAL



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:

Law Enforcement/Firefighter _____ **Active Military** _____ **Senior Citizen** _____

CLIENT INFORMATION

Date _____

Name _____ Spouse/Co-Owner's Name _____

Address _____ APT# _____

City _____ State _____ Zip _____ Primary Phone# _____

Cell Phone _____ Work Phone _____ Co-Owner's/Other Phone _____

E-Mail Address _____

How did you hear about us? I was referred By (whom may we thank?) _____ **Drove By** _____

Web site _____ **Yellow pages** _____ **I have been here before** _____ **Other** _____

	PET # 1	PET # 2	PET # 3
NAME			
DOG - BREED			
FELINE - DSH DMH DLH			
DATE OF BIRTH / AGE			
COLOR			
SEX: MALE or FEMALE			
SPAYED / NEUTERED / INTACT			
YOUR PET'S VACCINATION HISTORY: STATE MONTH & YEAR			
RABIES 1yr / 3yr			
K-9 or Feline Distemper Combo			
ADDITIONAL VACCINES: STATE MONTH & YEAR			
BORDETELLA (K-9)			
LEPTO (K-9)			
FELINE LEUKEMIA (Feline)			

Our pet(s) is: **Member of our family** **Child's pet** **Backyard pet**

Any previous illnesses, tests or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

PLEASE READ & INITIAL THE FOLLOWING:

We no longer accept checks. For previously approved accounts the \$30.00 NSF returned check fee still applies. Credit cards, Care Credit or cash is due **at the time of service or release of pet.** _____ **Initial**

I hereby authorize the veterinarian(s) to examine, prescribe for or treat the above named pet(s). I assume all responsibility for all charges incurred in the care of the animal(s) described above. I also understand that these charges must be paid at the time of service or release and that a deposit may be required for services if my pet is left here for treatment/surgery. Should an account be turned over to collections, a \$100.00 fee will be added to the account. By signing below, I confirm that the above information is correct and I agree to FFAH payment policies.

Signature of Owner/Representative _____ Date _____

THANK YOU FOR YOUR BUSINESS!