



## NEW CLIENT FORM

Thank you for choosing Pitman Animal Hospital as partners to ensure the well-being of your pet.

We look forward to getting to know you. Please fill out the following information:

### CLIENT INFORMATION

Primary Client/Owner: \_\_\_\_\_ Pronouns: \_\_\_\_\_

1st Phone Number: \_\_\_\_\_ 1st Email: \_\_\_\_\_

2nd Phone Number: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secondary Client/Owner: \_\_\_\_\_ Pronouns: \_\_\_\_\_

1st Phone Number: \_\_\_\_\_ 1st Email: \_\_\_\_\_

2nd Phone Number: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Pronouns: \_\_\_\_\_

1st Phone Number: \_\_\_\_\_

2nd Phone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Is **anyone** in the household allergic to Peanut Butter?  YES  No

Is **anyone** in the household allergic to cheese?  YES  No

**Why?** We often use these as a reward or distraction to make visits a pleasant experience for your pet

### PAYMENT INFORMATION

#### Policies

- All services and product sales must be paid for at the time of service/sale
  - A deposit of 50% of the total anticipated bill is required for all surgeries and/or hospitalizations
  - Emergency cases require a deposit of 50% of the high estimate for the total bill before we can begin treatment\*
- \*First aid will be initiated immediately without a deposit if necessary to save a patient's life

#### Payment Methods

- We accept cash, personal check, Visa, Mastercard, Discover, & CareCredit. Photo ID required for non-cash payment
- **If paying by check - provide your Driver's License #:** \_\_\_\_\_
- All returned checks are subject to a \$25 service charge

**PETS IN THE HOUSEHOLD** 

**Pet #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Check box if estimated

**Species:**  Dog  Cat  Other: \_\_\_\_\_ **Breed/Mix:** \_\_\_\_\_

**Sex:**  Male  Female **Spayed/Neutered?:**  Yes  No **Color(s):** \_\_\_\_\_

**Pet #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Check box if estimated

**Species:**  Dog  Cat  Other: \_\_\_\_\_ **Breed/Mix:** \_\_\_\_\_

**Sex:**  Male  Female **Spayed/Neutered?:**  Yes  No **Color(s):** \_\_\_\_\_

**Pet #3 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Check box if estimated

**Species:**  Dog  Cat  Other: \_\_\_\_\_ **Breed/Mix:** \_\_\_\_\_

**Sex:**  Male  Female **Spayed/Neutered?:**  Yes  No **Color(s):** \_\_\_\_\_

**Pet #4 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Check box if estimated

**Species:**  Dog  Cat  Other: \_\_\_\_\_ **Breed/Mix:** \_\_\_\_\_

**Sex:**  Male  Female **Spayed/Neutered?:**  Yes  No **Color(s):** \_\_\_\_\_

**PHOTO RELEASE** 

I give Pitman Animal Hospital permission to take photos of me and my pet for Pitman Animal Hospital's social media and marketing purposes. I release Pitman Animal Hospital from any & all claims regarding the use of these photos:

Yes  No

**HOW DID YOU HEAR ABOUT US?**

Drove by the location  Internet Search/Website  Socia Media (Facebook, Twitter)

Referral from a Current Client  Referral from another Vet

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

Other: \_\_\_\_\_

**OWNER RELEASE**

I verify that all of the information provided is accurate to my knowledge. I am over the age of 18 and have read the foregoing document & fully understand its contents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_