Whitney Veterinary Hospital & Cat Care Clinic NEW CLIENT FORM

WELCOME! Thank you for giving us the opportunity to be your pet's healthcare partner.

Client Name	Spouse/Co-Owner					
Address		City		State	_County	ZIP
Preferred Phone #Other Phone #Other Phone #	_HM WK CELL _HM WK CELL _HM WK CELL	Preferred m	ethod of cont	act: Email	Phone Ma	il Text*avail soon
ALL FEES ARE DUE AT EA		eck 🗆 Visa	□ MasterCa	ard □ Dis	cover □ Ca	re Credit
DO YOU HAVE PET INSUR	ANCE? No Yes	Which Pe	et Insurance?			
How did you know about our ☐ Did someone reco	r hospital? □ Drove I				eferral 🗆 V Other	
	Pet #1		Pet #	2		Pet #3
Name	100 111		10011			100113
Species	 					
Breed						
Date of Birth	 					
Color	 					
Sex / Spayed or Neutered?						
Sex / Spayed of reddered.	VAC	CINATION 1	HISTORY			
Last Rabies	V11C		INSTORT			
Last Distemper/Parvo						
Last Bordatella (Kennel Cough)						
Last Fecal Test (Stool Sample)						
Last Heartworm Test						
Last FVRCP Feline						
Last I V KCI I cline	<u> </u>					
Did you bring your pet's previous Veterinarian's Name Did your Dr. refer you here?	No Yes For what j	procedure?			***	
I give my permission for any p	Signed X				Whitney Vet	erinary Hospital.
Previous serious Illnesses or S	urgeries					
Allergies (food/vaccinations/m						
Special diets						
Medications						
Upon request we will provide you hospitalization. A deposit prior to charge computed at a "periodic ra charge is \$5.00. I understand that liable for and agree to pay, all col I give Whitney Veterinary H.	treatment may be requite" of 1½ % per month if I fail to make payment lection agency fees (not	ired. Accounts on the unpaid nt in full (in a t to exceed 33.	s not paid within balance (18% attimely manner) 3%), reasonabl	n 30 days ar annually). The and my acceed	e subject to an ne minimum mount becomes es and court co	interest finance nonthly finance past due, I shall be osts.
OWNER'S/ SIGNATURE: X	K				Date	
SPOUSE'S/CO-OWNER'S SIGNATURE: X				Date		