Animal Emergency Hospital & Urgent Care

NEW CLIENT FORM

OWNER/AGENT OF OWNER INFORMATION

Owner's last name:	**First:**	**Middle:**	❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.		
Marital Status: (circle one) Single / Married / Divorced / Separated					
Spouse/Significant Other/Co-owner:		**Spouse Phone:** ( )			
Street address:		P.O. box or apt #:			
City:	**State:**	**Zip Code:**	**Sex:** ❑ M ❑ F	**DL #:**	**Birth date:** / /
Home Phone : ( )	**Cell Phone:** ( )	**Email address:**			
County:	**Employer:**	**Work Phone:** ( )	**What is the best way to reach you?** ❑ Home ❑ Cell ❑ Work ❑ E-mail		
How did you hear about us?					
Other pets seen here:	**At which hospital is your pet usually seen?**				

PET INFORMATION

Name:	**Birth date/Age:** / /	**Species:**	**Breed:**
Gender: ❑ Male ❑ Female	**Spayed/Neutered?** ❑ Yes ❑ No	**Color:**	**Has this pet been a patient here before?** ❑ Yes ❑ No	**If yes, when?**

Vaccine Information: Please indicate if your pet is current on vaccines and the approximate date of vaccination.

Distemper (dhpp/dhlpp):	❑ Yes ❑ No	Date:	**Distemper** (fvrcp):	❑ Yes ❑ No	Date:
Parvovirus only:	❑ Yes ❑ No	Date:	**Feline Leukemia:**	❑ Yes ❑ No	Date:
Bordetella (kennel cough):	❑ Yes ❑ No	Date:	**Rabies (1 yr or 3 yr):**	❑ Yes ❑ No	Date:

Please list any chronic health problems, allergies, current prescriptions, or other special medical information of which we should be aware:

ADDITIONAL INFORMATION

- Unless you notify the veterinarian handling your case that you do not give permission, a copy of your pet's medical record will be available to your regular veterinarian.
- **Payment is due at time services are rendered.** We will gladly prepare a written estimate before diagnostics and treatment are performed. A deposit is required when a patient is hospitalized.
- If you are paying by check, we require a valid NC driver's license. Any returned check fees, court costs, legal fees, collection agency charges, interest, and/or late penalties that may arise in connection with your account will be solely your responsibility.

I hereby grant permission to the veterinarians in charge of the care of the pet described above to administer any treatment or anesthetics and to perform any such operations as may be deemed necessary or advisable in the diagnosis and medical care of this pet. I certify that I have read and understand the above information. I certify that I am at least 18 years of age and accept full responsibility for payment.

_____ _____

Owner signature *Date*

Account #:_____ Entered By: _____