

NEW CLIENT FORM

Welcome to Beaverhead Veterinary Clinic. Please take a few minutes to answer the following questions so that we can more efficiently serve you.

Thank You!

Owner's Name _____ SSN or DL# _____
If the owner is under 18 years of age, please use the Parent or Guardian's name and pertinent information

Mailing Address _____ City _____ State _____ Zip _____

Street Address (if different) _____

Home Phone _____ Cell Phone _____ Email: _____

Place of Work: _____ Work Phone: _____
If self employed, give name of business

Spouse's Name _____ SSN or DL# _____

Place of Work: _____ Work Phone _____
If self employed, give name of business

Emergency Contact Name _____ Phone # _____

Pet Information

Pet #1 Name _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ Month/Year of Birth _____ Male Female Neut./Spayed

Date Last Rabies Vaccination _____ Veterinarian's Name/Location _____

Date Last Distemper (DHLP-P)Booster (dogs)/ FVRCP Booster (cats) _____

Other Vaccinations _____ Any other medical history (serious illnesses, accidents, chronic conditions, allergic reactions) _____

Pet #2 Name _____ Dog _____ Cat _____ Other _____

Breed _____ Color _____ Month/Year of Birth _____ Male Female Neut./Spayed

Date Last Rabies Vaccination _____ Veterinarian's Name/Location _____

Date Last Distemper (DHLP-P)Booster (dogs)/ FVRCP Booster (cats) _____

Other Vaccinations _____ Any other medical history (serious illnesses, accidents, chronic conditions, allergic reactions) _____

I do hereby consent and authorize **Beaverhead Veterinary Clinic** and its staff to treat or hospitalize my pet(s), and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety or well-being of the above described animal while it is under their care and supervision.

If my pet(s) should injure itself in an escape or escape attempt, refuse food, become ill, soil itself or die while in the veterinary hospital/facility. I will hold **Beaverhead Veterinary Clinic** and staff FREE of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the animal is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my financial obligation for the services that have been provided.

Payment is expected at the time of service. In the case of nonpayment or returned check, a finance charge up to 1.75% per month (21% per annum, \$3/month minimum) as well as collection fees and/or attorney fees will be charged and will be paid by me. **I have read and agree to the above conditions and terms**

Signature _____

Date _____