

**New Client Information Form**

Welcome to Roswinn Pet Hospital. Our staff is dedicated to offering high quality patient care and will do our utmost to make your pet’s stay pleasant and healthy. Please feel free to ask any questions or concerns regarding the health and treatment of your pet. To help us serve you better, please provide us with the following information.

Owner Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner : ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Primary Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Female/Male) Breed: \_\_\_\_\_\_\_\_\_\_\_\_ (Cat/Dog) DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Female/Male) Breed: \_\_\_\_\_\_\_\_\_\_\_\_ (Cat/Dog) DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

[ ] Recommendation by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Internet [ ] Local Flavor [ ] Yellow Pages

[ ] Walk In/Drive-By [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat for the above-described pet. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that all professional fees are due at the time services are rendered. I verify that all the information provided is accurate. We accept Cash, all major credit cards and Care Credit. I acknowledge that this is my pet and I have the right to authorize or deny any treatment for this pet. I understand that no guarantee can be made as to the results obtained from medical treatment. I am over 18 years of age and assume financial responsibility for all charged incurred by patients on my account. I further understand that if it is necessary to send my account to collection, I will be responsible for any collection fee, legal and/or court costs.

Signature of Owner : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_