

Baxter Creek Veterinary Clinic

New Client Information

Owner Name: _____

Spouse/Co-Owner Name: _____

Mailing Address: _____ City/State/Zip: _____

Physical Address (if different from mailing address): _____

Home Phone: _____ Cell Phone: _____

Spouse/Co-Owner Phone: _____

*Email Address: _____

* To be used only for communications regarding your pet(s). We will never share your email address with a third party.

How did you learn of our clinic? _____

Please tell us if someone referred you so we can credit their account as a thank-you:

New Patient Information

Name: _____ DOG CAT Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male/Female: _____ Neutered/Spayed? YES NO Microchipped? YES NO

Name: _____ DOG CAT Other: _____

Breed: _____ Color: _____ Birthdate: _____

Male/Female: _____ Neutered/Spayed? YES NO Microchipped? YES NO

Vaccination & Medical History

In order to provide your pets with the best care possible, we require a copy of the most recent vaccination information. Who can we contact for this information?

Current medication or health problems: _____

Payment is due at the time services are provided. If a prior payment arrangement has been made, the following terms apply. I agree to pay a finance charge of 1.25% per month (15% per year) on any balance not paid within 30 days of billing. If payment is not made as indicated, the account will be forwarded to our collection agency. All additional costs resulting from the collection agency, process servers, attorneys, court cost, etc. will be added to the bill and will be the responsibility of the client. A non-sufficient funds (NSF) check will be subject to an additional \$30 fee. I, the undersigned, do hereby warrant and represent that the information contained herein is true and correct.

Signature of client responsible for pet(s): _____ Date: _____