



{CLINICADDRESS1}, {CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}

New Client Form

{CURRENTDATE[SHORT]}

Client ID:
Client Name:
Address:

Telephone:

E-mail Address

**DOB: {DOB} DL # & State: {DRIVERSLICENSE} SS#:
{SOCIALSECURITYNUMBER}**

Place of Employment:

Who were you referred by?

How will you be paying today?

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I take full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatments. Questions regarding fees are encouraged and welcomed. A \$5.00 minimum, 8% service charge will be added to any account over 30 days past due. All unpaid accounts will be subject to a collection fee.

I grant SWTVMC permission to use my pet's photos or case notes for their website, promotional or educational material, with the understanding that none of my personal information will be revealed. Yes No

I have read the above and agree: