



## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ D/O/B \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell \_\_\_\_\_

Providing your email and/or cell number will allow us to send appointment confirmations, our monthly newsletter, and periodic promotions.

You may opt out at any time.

I prefer to receive appointment confirmations and reminders by (circle all that apply):    Email    Text    Phone Call

How did you become aware of our clinic? (circle one)    Google    Facebook    Yellow Pages    Drove by    Previous Client    Other: \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

### All Fees Are Due At The Time Services Are Rendered

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DAPP (DISTEMPER PARVO)			
BORDETELLA			
INTRA TRAC II			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
FVRCP (FELINE DISTEMPER)			
LEUKEMIA TEST			
LEUKOCELL			
FECAL (STOOL SAMPLE)			

Our pet(s) is:    ☐ Member of our family    ☐ Child's pet    ☐ Backyard pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Continued on reverse →

We often take pictures of our patients and may use them on our website/Facebook. Do you authorize the use of your pet's pictures for use on our website, Facebook, and marketing materials? (circle one)    Yes    No

## Financial Policy

Thank you for choosing Madera Veterinary Center. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Madera Veterinary Center requires payment in full at the end of your pet's examination and/or at the time of discharge.

### **Payment Options:**

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit®
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 or more, will require a 50% deposit to begin your pet's treatment.

### **Additional Policy Information:**

Madera Veterinary Center charges \$35.00 for returned checks. A fee of \$25 may be charged for clients who miss or cancel more than 2 appointments in a calendar year without 24 hours notice. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature

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Date

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Client / Owner Name (please print)

<sup>1</sup>Restrictions apply. See CareCredit® terms of agreement for more information.