

NEW CLIENT FORM

Primary Owner

Name: _____

Secondary Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

S.S.#: _____ D.L. #: _____

Employer: _____ Employer Phone: _____

Referred by? (Please Check): Website Social Media Friend

Your pet's appointment and service reminders are notified via text message and email if you provide us this information. Please enter the preferred reminder contacts below. Please list only one of each.

Text Reminders: _____ Email Reminders: _____

Payment Policies we work hard to keep our fees as reasonable as possible while still providing the very best in medical care for your pets. To help us maintain balanced pricing, **we require that all services be paid for in full when rendered.** For your convenience we currently accept cash, personal checks, money orders, Visa, MasterCard, Discover, American Express, Care Credit, and Scratch Pay. Please note that returned checks are subject to a \$40.00 service charge. **Agreement to Pay I**, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary.

Party Responsible for Payment: _____

Signature: _____

Date: _____

Telephone Consumer Protection Act (TCPA):

You agree, in order for us to service your account or to collect monies you may owe, Kent Farms Animal Hospital, and/or our agents, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/we have read this disclosure and agree that Kent Farms Animal Hospital, its employees and/or agents may contact me/us as described above.

Responsible Party Signature: _____

PET:

Name: _____ Species: Canine _____ Feline _____ Other _____

Breed: _____ Color: _____ Sex: Male ____ Neutered? ____

Age/Date of Birth(if unsure, please approximate): _____ Female ____ Spayed? ____

PET:

Name: _____ Species: Canine _____ Feline _____ Other _____

Breed: _____ Color: _____ Sex: Male ____ Neutered? ____

Age/Date of Birth(if unsure, please approximate): _____ Female ____ Spayed? ____

PET:

Name: _____ Species: Canine _____ Feline _____ Other _____

Breed: _____ Color: _____ Sex: Male ____ Neutered? ____

Age/Date of Birth(if unsure, please approximate): _____ Female ____ Spayed? ____

PATIENT HISTORY

Previous Veterinary Clinic: _____

May we contact your pet's previous veterinarian for vaccination or medical history? _____

Please list any behavior problems, allergies or medical problems that we should be aware of:

Behavior Problems: _____

Food and/or Drug Allergies: _____

Medical Problem(s): _____

Routine Medications: _____