



# Horse and Hound Veterinary Clinic



## New Client Information

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

DL# \_\_\_\_\_ (required if you intend to write a check)

Email \_\_\_\_\_ @ \_\_\_\_\_

## Patient Information

**Pet's name** \_\_\_\_\_ **Age** \_\_\_\_\_

\_\_\_ Canine \_\_\_ Feline \_\_\_ Equine      \_\_\_ Male \_\_\_ Female      neutered/ spayed? \_\_\_ Yes \_\_\_ No

Breed \_\_\_\_\_ Color \_\_\_\_\_

Current on vaccines? \_\_\_ Yes \_\_\_ No      Clinic name/ number \_\_\_\_\_

**Pet's name** \_\_\_\_\_ **Age** \_\_\_\_\_

\_\_\_ Canine \_\_\_ Feline \_\_\_ Equine      \_\_\_ Male \_\_\_ Female      neutered/ spayed? \_\_\_ Yes \_\_\_ No

Breed \_\_\_\_\_ Color \_\_\_\_\_

Current on vaccines? \_\_\_ Yes \_\_\_ No      Clinic name/ number \_\_\_\_\_

**Pet's name** \_\_\_\_\_ **Age** \_\_\_\_\_

\_\_\_ Canine \_\_\_ Feline \_\_\_ Equine      \_\_\_ Male \_\_\_ Female      neutered/ spayed? \_\_\_ Yes \_\_\_ No

Breed \_\_\_\_\_ Color \_\_\_\_\_

Current on vaccines? \_\_\_ Yes \_\_\_ No      Clinic name/ number \_\_\_\_\_

For our client's protection, all information is confidential. Patient records will not be released without written consent from the owner.

*I, the undersigned, owner of the above listed animals (and future animals) understand that I am fully financially responsible for all services at the time they are rendered. I realize if I fail to pay, I am liable for all collection costs and/ or court fees incurred for this account. Future services may be withheld if there is an outstanding balance.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_