



Welcome to Camboro Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. So that we may better serve you, please complete the following:

New Client and Patient Information:

Date: _____

Client Name: _____ SSN: _____

Home number: _____ Cell Phone: _____ Work Phone: _____

Full address: _____

Email: _____

Place of Employment: _____

Driver's License Info: # _____ State Issued: _____ Date of Birth: _____

Co-Owner Information

Co-Owner Name: _____ SSN: _____

Home number: _____ Cell Phone: _____ Work Phone: _____

Full address: _____

Email: _____

Place of Employment: _____

Driver's License Info: # _____ State Issued: _____ Date of Birth: _____

Patient Information

Pet's Name: _____ Male / Female (circle one)

Canine / Feline (circle one) Spayed / Neutered (circle one) Breed: _____

Color: _____ Date of Birth: _____ Indoor / Outdoor (circle one)

Previous Veterinarian: _____ Hospital: _____

How did you hear about us: _____

“Share the Love” - our best advertisement is a happy client! As a THANK YOU to clients, we offer incentives for great referrals.

Who may we thank: _____

**** PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED ****

We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit

I, as the owner/co-owner, understand and accept full financial responsibility for all services rendered.

Owner's signature: _____

Co-owners Signature: _____

Photo Release Permission:

Sometimes we like to take and use pictures of our client's pets – this could be in hospital or via our website, Facebook, Instagram, on documents etc. Do we have your permission to use your pet(s) photo? **YES NO** (circle one)

Ask us about our PAW Plans.

We do not give out any client information.

Emails are used to keep in touch regarding your pet's appointments and reminders.

Thank you for your trust in us!