

KINGS ROW PET HOSPITAL

3653 KINGS ROW

RENO NV 89503

(775) 747-1211

New Client Information

Please Fill Out Completely

Client # _____

Client Name: _____

Last

First

Spouse/Other: _____

Mailing Address: _____

Physical Street Address: _____

Street

City

State

Zip

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spouse's Work Phone: _____

Email Address: _____

Referred By: _____

Place of Employment: _____ Spouse's Employment: _____

Reason For Visit: _____

Please Note:

The fees are due and payable at the time of discharge unless prior arrangements are made with the doctor or office manager. Failure to pay for and claim your pet at time of discharge may constitute abandonment (NAC638.052 and NAC 638.051) at which time the pet becomes property of Kings Row Pet Hospital. You will still be legally responsible for costs incurred, including boarding fees.

Signed _____ Date _____

**NEW PATIENT INFORMATION
(PLEASE FILL OUT COMPLETELY)**

CLIENT NAME: _____
(LAST) (FIRST)

DATE: _____

#1: ANIMAL NAME: _____

SPECIES: _____ BREED _____

SEX: _____ ALTERED (?) _____

COLOR: _____ BORN: _____

#2: ANIMAL NAME: _____

SPECIES: _____ BREED _____

SEX: _____ ALTERED (?) _____

COLOR: _____ BORN: _____

#3: ANIMAL NAME: _____

SPECIES: _____ BREED _____

SEX: _____ ALTERED (?) _____

COLOR: _____ BORN: _____