

Eastview Veterinary Clinic

New Client Form

Date: _____

Owner's Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: (_____) _____ Secondary Phone #: (_____) _____

Email Address (for vaccination reminders): _____

Driver's License Number and State: _____ *Please keep ID out for receptionist*

Date of Birth: _____ ID Verified by:

Pet's Name: _____ Breed: _____

Color: _____ Date of Birth: _____

Circle one: Female Spayed Male Neutered

Date of Last Vaccination: _____

Pet's Name: _____ Breed: _____

Color: _____ Date of Birth: _____

Circle one: Female Spayed Male Neutered

Date of Last Vaccination: _____

PAYMENT IS DUE AT TIME OF SERVICE

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical or medical treatment. If for any reason payment is not received or is declined at time of services, fees for the collection of delinquent accounts, including but not limited to collection agency charges, court costs, and/or reasonable attorney's fees will be added to the total balance. Should the account become delinquent I give permission for the collection agency to contact me at the above listed phone numbers, including cell phone number.

Method of payment: Visa/MasterCard
 Cash
 Check

Signature of financially responsible party: _____