

NEW CLIENT FORM

PERSONAL INFORMATION

Owner Name : _____ **Birthdate** : _____
Primary Phone : _____ **Secondary Phone** : _____
Mailing Address : _____ **City** : _____ **State** : _____ **Zip** : _____
Physical Address : _____ **City** : _____ **State** : _____ **Zip** : _____
(if different)
County : _____ **E-Mail Address** : _____
SSN : _____ -or- **State ID Number** : _____
Employer : _____ **Employer Phone** : _____
Preferred Communication Method : Telephone Text E-Mail

AUTHORIZED USERS

Please list the names of any other individuals, and their relationship to you, that you give permission to authorize treatment and make medical decisions for your pet(s). In some circumstances, this could include euthanasia.

Name : _____ **Relationship** : _____ **Phone** : _____
Name : _____ **Relationship** : _____ **Phone** : _____

PET INFORMATION

Pet Name 1 : _____ **Birthdate** : _____
Species : Canine Feline Exotic **Breed** : _____ **Color** : _____
Sex : Male Female **Spay/Neuter** : Yes No **Does your pet bite?** : Yes No
Allergies : Yes No **If yes, please list** : _____
Has your pet ever had a reaction to vaccines or medication? : Yes No **If yes, please list** : _____
Prior illness or surgery? : _____
Previous Veterinarian : _____

Pet Name 2 : _____ **Birthdate** : _____
Species : Canine Feline Exotic **Breed** : _____ **Color** : _____
Sex : Male Female **Spay/Neuter** : Yes No **Does your pet bite?** : Yes No
Allergies : Yes No **If yes, please list** : _____
Has your pet ever had a reaction to vaccines or medication? : Yes No **If yes, please list** : _____
Prior illness or surgery? : _____
Previous Veterinarian : _____

MARKETING CONSENT

I grant Kruger Animal Hospital permission to use any photographs taken of myself or my pet, in any and all of its publications, including website entries, without payment, or any other consideration. I understand and agree that these materials will become property of Kruger Animal Hospital and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing Hospital programs or for any other lawful purpose.

In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name and information as listed above.

Please select : Yes No

PAW PLAN ANNUAL WELLNESS PLANS

Kruger Animal Hospital is proud to offer **PAW PLANS** to help manage your pet's preventive care and mitigates unexpected costs throughout all life stages. Managing your pet's health is extremely important but can be challenging. PAW Plans allow you to budget your pet's health by offering convenient monthly payments on the plan your pet's veterinarian recommends. Services include*:

- Comprehensive wellness exams
- Vaccinations
- Lab Tests
- Dental Cleanings
- Spay & Neutering
- Discount on additional medical services.

I am interested in substantial savings on the best care for my pet utilizing **PAW PLAN** Annual Wellness plans.

PAW PLAN : Yes No

FINANCIAL POLICY

Thank you for choosing Kruger Animal Hospital. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options:

- Cash, Check, Visa, MasterCard, American Express, or Discover Card
- CareCredit
 - Convenient Monthly Payment Plans which allows you to pay over time.
 - No annual fees or pre-payment penalties.

In the event a check payment is returned for insufficient funds, a charge of \$30.00 will be assessed.

Preferred Payment Method : Cash Check Credit Card Care Credit

I hereby authorize the veterinarian to release my pet's vaccine information to proper authorities, groomers, and other veterinarian clinics/hospitals only. Any other request must first be approved by myself (or significant other listed above) via written consent.

Please select : Yes No

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I certify that I am 18 years of age or older and I am legally financially responsible 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/hospitalization treatment. If I choose to discontinue care before the completion of treatment, I will only be charged for services provided. Any balances of past 30 days will be charged 1.5% interest per month equal to 18% per year. A statement handling fee of \$2.00 will also be added per statement printed. Any balances over 90 days past due may result in further action to collect the balance, including all finance charges and all fees acquired through the collections process.

Signature of Owner : _____ **Date** : _____