



NEW CLIENT INFORMATION

Please write **LEGIBLY** to insure accuracy of information!

Primary Accountholder: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Primary Accountholder Birthdate (MM/DD/YYYY): ____/____/____

Secondary Accountholder: _____
Relation: Spouse Significant Other Friend Relative Other not listed

Address Line 1: _____

Address Line 2 or Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: (____) _____ HOME / CELL (please circle type)

Secondary Phone #: (____) _____ HOME / CELL (please circle type)

E-mail Address: _____
(So we can contact you with reminders, updates, and promotions! You may opt out at any time)

Primary Accountholder Employer: _____ Work Phone #: (____) _____

FULL PAYMENT IS DUE AT THE TIME OF SERVICES RENDERED.

We do NOT offer in-house payment arrangements.

I will be paying for my appointment by: CASH CHECK VISA/MC/DISCOVER/AMEX CARE CREDIT

AS A COURTESY TO OUR DOCTORS, STAFF, AND OTHER CLIENTS, APPOINTMENTS ARRIVING 5 OR MORE MINUTES AFTER THEIR SCHEDULED TIME WILL BE ASKED TO RESCHEDULE.

NO-CALL/NO-SHOW APPOINTMENTS AND SURGICAL/DENTAL PROCEDURES WILL BE REQUIRED TO PLACE A NON-REFUNDABLE PREPAYMENT BEFORE ANOTHER APPOINTMENT CAN BE SCHEDULED

My signature below indicates that I am over 18 years of age, and all above information is complete and correct to the best of my knowledge, and I agree to all terms and conditions.

Signature: _____ Date: ____/____/____

How did you hear about us?: Online Advertisement Facebook Personal Reference: _____
(Please give the person's name!)

Other (please specify): _____

THE DOCTORS AND STAFF THANK YOU FOR YOUR PATRONAGE!

PATIENT (ANIMAL) INFORMATION ON BACK OF PAGE →

CASPER ANIMAL MEDICAL CENTER

PLEASE FILL IN THE INFORMATION YOU CAN ABOUT THE ANIMAL(S) WE ARE MEETING!

Animal # 1

Name: _____

Species: Dog Cat Horse Exotic/other (please specify): _____

Male Castrated/neutered? YES / NO (please circle)
 Female Spayed? YES / NO (please circle)

Breed: _____ Color: _____

Approximate current age: _____ ****OR**** Exact date of birth (if known): _____ / _____ / _____

Do you have previous vaccine/medical history for this pet?

- I have no known prior records for this pet.
- I have prior vaccine records, but forgot to bring them.
- I did not bring prior records with me, but know what vet clinic they are at and give permission for Casper Animal Medical Center to call and obtain them.

Clinic name: _____
Phone #: (_____) _____
City: _____ State: _____

Please let us know if the records can be found under a name that differs from what is on your account here.

- I brought previous medical records with me, or have immediate electronic access to them.
Please email electronic records to CAMC@casperpets.com

Animal # 2

Name: _____

Species: Dog Cat Horse Exotic/other (please specify): _____

Male Castrated/neutered? YES / NO (please circle)
 Female Spayed? YES / NO (please circle)

Breed: _____ Color: _____

Approximate current age: _____ ****OR**** Exact date of birth (if known): _____ / _____ / _____

Do you have previous vaccine/medical history for this pet?

- I have no known prior records for this pet.
- I have prior vaccine records, but forgot to bring them.
- I did not bring prior records with me, but know what vet clinic they are at and give permission for Casper Animal Medical Center to call and obtain them.

Clinic name: _____
Phone #: (_____) _____
City: _____ State: _____

Please let us know if the records can be found under a name that differs from what is on your account here.

- I brought previous medical records with me, or have immediate electronic access to them.
Please email electronic records to CAMC@casperpets.com