# logo2

# WELCOME TO NEW HAVEN VETERINARY CLINIC

*Thank you for giving us the opportunity to care for your pet(s).*

*So that we may become better acquainted, please complete the following:*

**CLIENT INFORMATION** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s/Other Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Work Phone

Cell phone (yours)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Other cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time To Reach You

Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required of writing checks) Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address

Please indicate choice of payment.  Cash / Check  Credit Card Care Credit Pet Insurance

How did you become aware of our clinic?  Drove by  Yellow Pages  Previous Client  Other  Personal Recommendation *(Whom may we thank?)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | PET # 1 | PET # 2 | PET # 3 |
| NAME |  |  |  |
| BREED |  |  |  |
| DATE OF BIRTH |  |  |  |
| COLOR |  |  |  |
| SEX; SPAYED OR NEUTERED? |  |  |  |
| RABIES |  |  |  |
| DHLP PARVO CORONA |  |  |  |
| BORDETELLA |  |  |  |
| FECAL (STOOL SAMPLE) |  |  |  |
| HEARTWORM TEST/PREVENTION? |  |  |  |
| CHEMISTRY AND BLOODWORK |  |  |  |
| LEUKEMIA/FIV/HEARTWORM TEST |  |  |  |
| FVRCP |  |  |  |
| LEUKEMIA VACCINATION |  |  |  |

Any previous serious illnesses or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

Would you like to be present during treatment to your pet?  Yes  No

**Please read the following then sign and date indicating your comprehension of our policies.**

1. All fees are due when services are rendered unless other arrangements are made in advance, in writing. We accept Cash, Check (with proper identification), Credit & Debit Cards, CareCredit**®** and Pet Insurance.

2. If, for some reason your account is not kept current, monthly finance charges will be applied. Insufficient funds fees for returned items will be charged at the maximum rate permitted by law. All fees incurred due to non payment will become due and payable with the outstanding balance, including statement and handling fees, fees on unpaid balances, collection fees, and any fees resulting from collection and/or legal action.

3. When your pet comes in for services, if you are not present but your child or other representative is with your pet, the actions by your representative indicates your approval for all fees incurred regarding your pet. Approval for services by your representative binds you to their decisions and the resulting fees.

\*\*Ask us about CareCredit “same as cash” financing and VPI Pet Insurance. Two ways to help you keep your pet healthy and provide needed services during an illness or injury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_