

Bastrop Veterinary Hospital New Client Form

Thank you for giving Bastrop Veterinary Hospital 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 Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

Spouse Cell #: _____ Spouse Work #: _____

Email address: _____ Referred by: Check one-Website/Internet ()

() Location/Sign/Drove By () Word of Mouth – Who may we thank? _____

() Business/Shelter () Other - _____ () Can't remember

All fees are due at the time services are rendered

Please indicate choice of payment: Cash / Check / Visa, MasterCard, Discover, Amex, Care Credit

Texas Driver's License #: _____ DOB _____ Place of Employment _____

Social Security Number: _____

ALL unpaid accounts are subject to a 28% collection fee.

By signing, I agree to the terms of payment on my account. Signature X _____

| | Pet #1 | Pet #2 | Pet #3 |
|-----------------------------|--------|--------|--------|
| NAME | | | |
| BREED | | | |
| DOB/AGE | | | |
| COLOR | | | |
| GENDER-SPAYED? NEUTERED? | | | |

Thank you for choosing Bastrop Veterinary Hospital

FOR OFFICE USE ONLY: Check name/addr/ph#s/emails/em reminder box chkd/entered referral/pet info correct/initial here _____