



# Welcome To Our Practice!

Thank you for giving us the opportunity to care for your pet.  
Please help us better meet your needs by taking a moment to share some important information.

Account #:

### Client (Primary):

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Primary): \_\_\_\_\_  
 Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone (Secondary): \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_

### Client (Secondary):

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Primary): \_\_\_\_\_  
 Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone (Secondary): \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_

Children's Names (Who live at home): \_\_\_\_\_

Alternate Emergency Contact Name & Number: \_\_\_\_\_

Is this your first time here?  Yes  No

### How Did You Learn About Our Clinic?

Internet Search     Website     Facebook     Sign Outside     Location (Drive By)     Yellow Pages  
 Other: \_\_\_\_\_     Referred By: \_\_\_\_\_

### My Pets:

<u>Pet's Name</u>	<u>Dog/Cat</u> <u>Other</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Medical Conditions</u>

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of service and a deposit will be required for medical treatments. We accept cash, checks (with proper ID), Visa, Mastercard, Discover, American Express, and CareCredit. There will be a service charge (up to the maximum allowed by law) for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized and lodging patients must be current on all vaccines, and free of internal/external parasites. The signature below authorizes this level of preventive care. The appropriate charges will be assessed in the discharge invoice.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

### We love to take photos of our patients!!

Neffsville Veterinary Clinic utilizes social media marketing as a business form of marketing and as an education resource for pet owners. I hereby grant permission to Neffsville Veterinary Clinic to use images, videos, and/or information about my pet for social media/website use. I release you, your representatives, employees, and managers from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: {FULLNAME}