



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.

Client (Primary):

Client (Secondary):

Client Name: _____

Client Name: _____

Phone (Primary): _____

Phone (Secondary): _____

Employer/Phone: _____

Employer/Phone: _____

Primary Address: _____

Email Address: _____

Children's Names (Who live at home): _____

Is this your first time here? Yes No

How did you learn about our Clinic?

Internet/Website Location (Drive-by) Referred By: _____ Other

My Pets:

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

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 in full at the time of service and a deposit will be required for medical treatments. We do **NOT** offer internal payment plans. We accept cash, checks (with proper ID), Visa, Mastercard, Discover, American Express, Care Credit, Wells Fargo Health Advantage, Scratchpay, and All Pet Card. There will be a service charge (up to the maximum allowed by law) for any check returned unpaid. Clients will receive a courtesy letter after their first missed doctor appointment. If additional appointments are missed, we will require a reservation fee when scheduling future doctor appointments.

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 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 representative, employees, and manager 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 nay other personal and/or property rights.

Signature of Client: _____ Date: _____

Download our PetDesk app to join our free Paw Perks loyalty program and start earning great rewards!