

BATESBURG-LEEVIILE ANIMAL HOSPITAL
NEW CLIENT FORM

Please Print Legibly

Date: _____

Owner's Name: _____

Spouse/Significant Other Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Can we text? YES NO

Spouse Phone: _____ Can we text? YES NO

Email: _____

Reminders/updates about your animal may be sent by text and email. If you have no electronic communication method, we can call with reminders.

Preferred Method(s) of Reminder Communication: Please Circle: TEXT EMAIL PHONE

PET INFORMATION

Pet's Name: _____ Circle One: DOG CAT OTHER _____

Breed: _____ Color _____ Date of Birth/Age _____

Circle One: Male Female Neutered Male Spayed Female

Name of Previous/Current Vet : _____

Have Pet Insurance? Yes No Company _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Method of Payment: Cash Check Credit Card Other Agreed
Upon Terms

I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon any pets presented to this hospital. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: _____ Date: _____