



NEW CLIENT CHECK-IN SHEET

Owner name(s): _____

Phone: (home) _____ (cell) _____

Address: _____

E-mail: _____

Are you currently or have you ever served in any branch of the US Military? Yes / No

<p>Pet Name: _____ Birthdate/Age: _____ Gender: M / F Color: _____ Spayed/Neutered? Y / N Breed: _____ Microchipped? Y / N</p> <p>Current Medications: _____ _____ _____ _____</p>	<p>Pet Name: _____ Birthdate/Age: _____ Gender: M / F Color: _____ Spayed/Neutered? Y / N Breed: _____ Microchipped? Y / N</p> <p>Current Medications: _____ _____ _____ _____</p>
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HOW DO YOU PREFER TO BE REMINDED ABOUT YOUR PET'S UPCOMING APPOINTMENTS OR COMING DUE WELLNESS CARE? (circle all that apply) 1) TEXT 2) EMAIL 3) PHONE

- 1.) OUR STANDARD OFFICE VISIT IS **\$44.95**.
- 2.) PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. WE ACCEPT VISA, MASTERCARD, DISCOVER, AMEX, CARE CREDIT, AND CASH.
- 3.) **WE DO NOT ACCEPT CHECKS or DEFERRED PAYMENTS under any circumstances.**

Please sign below to signify that you have read and understand the 3 items listed above.

X _____

Any concerns for:

- Coughing/sneezing
- Vomiting/diarrhea
- Itching/dry skin
- Bad breath
- Weight loss/gain
- Appetite loss/gain
- Limping/lameness
- Behavioral changes

Does your pet need:

- Flea/heartworm prevention
- Nail trim
- Ear cleaning
- Anal gland expression
- Microchip
- Medication refill: _____
- Other: _____