



# New Client Form

## Client information

Owner(s) \_\_\_\_\_ Secondary \_\_\_\_\_  
Owner(s) Date of Birth: \_\_\_\_\_ (req'd for controlled substances for pets)  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_ work phone \_\_\_\_\_ cell \_\_\_\_\_  
Email address \_\_\_\_\_ Secondary phone \_\_\_\_\_  
Employed by \_\_\_\_\_ Address \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

If recommended, who may we thank? \_\_\_\_\_

## Pet Health History

Name of Pet \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_  
 Male  Neutered male  Female  Spayed female

Previous veterinarian(s) \_\_\_\_\_

Heartworm medication:  Yes  No Flea medication:  Yes  No

Do you have pet insurance? If so, with who? \_\_\_\_\_

## Payment Policy

**All bills must be paid when services are rendered. We do not bill.** We accept all major credit cards including Care Credit. Personal checks are welcome when accompanied by a Drivers license. If you have any questions about your payment today, please discuss it with a receptionist before seeing the doctor.

By signing below, I authorize **Adobe Animal Hospital of Soquel** to examine the above named animal and I assume responsibility for the balance of all services performed.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_