



# Pioneer Animal Hospital New Client Form



*Thank you for giving us the opportunity to care for you pet(s). In order to become acquainted, please complete the following:*

## CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/co-owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_ Place of employment \_\_\_\_\_

Best time to reach you \_\_\_\_\_ Email \_\_\_\_\_

**How did you hear about us?** Online search \_\_\_\_\_ Website \_\_\_\_\_ Yellowpages \_\_\_\_\_

Drive By \_\_\_\_\_ Other \_\_\_\_\_ Referral, who can we thank \_\_\_\_\_

<i>Please provide all information known</i>	PET #1	PET #2	PET #3
<b>NAME</b>			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			
<b>CANINE VACCINATION HISTORY</b>			
RABIES			
DHLP PARVO			
BORDETELLA			
LYMES			
FECAL (stool sample)			
HEARTWORM TEST/PREVENTION?			
<b>FELINE VACCINATION HISTORY</b>			
RABIES			
FVRPCP			
LEUKEMIA TEST			
FECAL (stool sample)			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

## ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

*Signing this document you acknowledge and agree to the following terms and conditions.*

I hereby authorize the veterinarians to examine, prescribe, and treat my pet as is agreed upon by the veterinarian and myself. I assume full responsibility for the charges incurred during my visits. I acknowledge that Pioneer Animal Hospital does not bill for it's services and all fees are due at the time services are rendered unless arrangements have been made in advance. PAH will gladly prepare an estimate for services upon request. In the case of extensive medical services, a deposit may be required. Returned checks for any reason will be assessed a \$35.00 Return Check Fee. Any unpaid balance on accounts will be billed with a finance charge. In the event that the matter is referred to an attorney or collection agent, you will be responsible for all court costs, attorney fees, and / or collection agency fees.

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_