

## New Client Form

Date \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

Spouse/Other: : \_\_\_\_\_ Can give medical consent Yes No

**Address:** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone number(s):** Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Permission for text messaging Yes No

Other: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Permission to email relevant documents and reminders from our clinic? Yes No

Preferred method of contact? Phone \_\_\_\_\_ Email \_\_\_\_\_ Either \_\_\_\_\_

### Pets

Name: \_\_\_\_\_ Canine or Feline Male or Female

Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered or Not

Medical Issues: \_\_\_\_\_

Name: \_\_\_\_\_ Canine or Feline Male or Female

Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered or Not

Medical Issues: \_\_\_\_\_

Name: \_\_\_\_\_ Canine or Feline Male or Female

Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered or Not

Medical Issues: \_\_\_\_\_

**Allergy:** In the pursuit of a fear free hospital visit, and using various therapeutic diets for treatment, multiple foods and treats may be used during the visit. Please advise us if there is a HUMAN or PET allergy that we should be aware of during your visit \_\_\_\_\_

**Social Media/Photography Consent** I hereby give Clayton Family Veterinary Care permission to take photographs and videos of me and my pet for the purpose of posting on CFCV's Facebook, YouTube, Twitter or clinic website. I hereby release and discharge CFVC from any and all claims arising out of use of the photos. CFVC has my permission to use: (Please check one)

\_\_\_\_\_ Only my pet's name(s)

\_\_\_\_\_ My pet's name(s) and my name

\_\_\_\_\_ Please do not post my pet

**Referral** Is there someone we can thank for pointing you our way? \_\_\_\_\_

**Financial Responsibility:** If my animal is brought in by myself or another individual, I will assume financial responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid for at the time of release, and that Clayton Family Veterinary Care does not extend credit.

Reviewed and Signed Signature \_\_\_\_\_ Date \_\_\_\_\_