

**Elkhorn.  
Animal Hospital**  
New Client Information Form

Date \_\_\_\_\_ Primary Phone \_\_\_\_\_  Cell  Landline

Client \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Primary Email Address \_\_\_\_\_

2<sup>nd</sup> Person on the account? Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_  Cell  Landline

Personal Recommendation – Whom may we thank? (Name) \_\_\_\_\_

**Pet Information**

1) Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog  Cat Date of Birth \_\_\_\_\_

Sex:  Female  Spayed Female  Male  Neutered Male

2) Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog  Cat Date of Birth \_\_\_\_\_

Sex:  Female  Spayed Female  Male  Neutered Male

3) Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog  Cat Date of Birth \_\_\_\_\_

Sex:  Female  Spayed Female  Male  Neutered Male

4) Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog  Cat Date of Birth \_\_\_\_\_

Sex:  Female  Spayed Female  Male  Neutered Male

Is anyone in your family or your pet allergic to Peanuts?  Yes  No

Can we give medical or vaccine information to your groomer, daycare, rescue group, veterinarian or boarding facility? .  
 Yes  No

Is your pet microchipped?  Yes  No  Unsure (If unsure, may we scan your pet to determine?  Yes  No)

Would you like to receive Email reminders?  Yes  No

### Photo Permission

I grant to Elkhorn Animal Hospital, its representative and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that Elkhorn Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web content.

The above may take photos of me and/or my pet

The above may **NOT** take photos of me and/or my pet

### Financial Policy

Thank you for choosing Elkhorn Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

Elkhorn Animal Hospital requires payment **in full** at the end of your pet's examination and/or at the time of discharge.

**Payment Options:** You can choose from:

Cash, Check, Care Credit®, Visa®, MasterCard®, American Express®, Discover Card®

### Additional Policy Information:

A \$30 fee will be charged for all returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

### Authorization

I am the client or agent for the client and hereby authorize the veterinarians to examine, prescribe for or treat the above described pet(s). Please initial \_\_\_\_\_

### Financial Policy Acceptance

I understand that all professional fees are due at the time services are rendered. By signing below I assume responsibility for all charges incurred in the care of my animal(s).

Signature of Client/Agent \_\_\_\_\_ Date: \_\_\_\_\_

Client/Agent Name (Please Print) \_\_\_\_\_