



## New Client Form

**Owner:** \_\_\_\_\_ **Secondary Owner:** \_\_\_\_\_  
*Last Name First Name Last Name First Name*

**Mailing Address:** \_\_\_\_\_  
*Street # and Name Lot/Apt #*

\_\_\_\_\_  
*City State Zip County*

**Phone #s:** \_\_\_\_\_  
*Home Cell Secondary Owner Cell*

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

Pet Name	Species	Breed	Color	Birthday /Age	Sex	Fixed
1)	Dog Cat				M F	Y N
2)	Dog Cat				M F	Y N
3)	Dog Cat				M F	Y N
4)	Dog Cat				M F	Y N

**Previous vet** (where can we get your pet's previous records?): \_\_\_\_\_

I hereby authorize Douglasville Veterinary Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services received today and in the future. I understand that payment in full is required at the time of rendered services and prior to discharge of patient from Douglasville Veterinary Hospital. I understand that Douglasville Veterinary Hospital accepts debit/credit cards, cash, checks, Care Credit, and Scratch Pay, but does not accept payment plans.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_