



New Client Form

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form **completely**. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Your Name: _____

Spouse/Co-Owner _____

Mailing Address: _____ City: _____
State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Driver License: _____ Date of Birth: _____ Gender: M F

Your Employer: _____ Occupation: _____

Employer Address: _____

Work Phone: _____ Ext: _____

Spouse's Driver License: _____

Spouse's Employer: _____ Occupation: _____

Spouse's Employer Address: _____

Spouse's Work Phone: _____ Spouse's Cell Phone: _____

Children in Household: _____

How did you hear about our hospital? _____

Is there someone we can thank for referring you? _____

Notify in case of emergency (other than owner or co-owner) _____

Primary Phone: _____ Secondary Phone: _____

I UNDERSTAND THAT ALL SERVICES ARE PAID FOR WHEN THEY ARE RENDERED

Payment Methods Accepted: Cash / Check / Visa / MasterCard / Amex / Discover / Care Credit

I hereby authorize the staff of Beckwith Veterinary Hospital to render any treatment which is deemed necessary to my pet's health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or the designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time of services that are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of Owner or Responsible Party: _____ Date: _____