



New Client Welcome Form

Thank you for giving us the opportunity to care for your pet(s)!

So that we may become better acquainted, please complete the following:

Client Name: _____ Spouse's Name: _____

Additional Name on Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary number: _____ Secondary number: _____

Additional contact numbers: _____

Email Address: _____

Will only be used for hospital related correspondence and medical reminders

Preferred payment methods (check all that apply): ___ Cash ___ Check ___ Credit/debit ___ CareCredit

All fees are due at time of services rendered.

Prior veterinary clinic (name/phone number): _____

Pet Name	Dog/Cat	Breed/Color	Male/ Female	Spayed/ Neutered	Birthdate

Please list any of your pets' major surgeries or medical issues, medications, allergies, etc:

Authorizations (please initial in boxes):

- I authorize CAH to release medical information to other hospitals, groomers, and kennel facilities.
- I grant CAH permission to post my pets' pictures and story on the hospital's slideshows and social media.
- I authorize CAH to release basic contact information (phone number) in the event that my animal is lost and recovered by another individual.

Signature: _____ Date: _____

How did you hear about our clinic?

Personal recommendation: _____ *Internet* *Drove By* *Other:* _____