

New Client Form

PERSONAL INFORMATION:

Owners Name: _____

Partners Name: _____

Address: _____ City: _____

Zip: _____ Primary Phone#: _____ Cell? Y N

Secondary Phone#: _____

Email Address: _____

Secondary Email: _____

Alternate Contact for Emergency Name: _____

Phone: _____

Who can we thank for referring you?

PATIENT INFORMATION #1: Name: _____

Species: Canine Feline Breed: _____ Color: _____

Male Female Spayed/Neutered Y / N

Date of Birth or Approximate Age: _____ Microchip#:

Is your pet current on Vaccinations? Yes No

If Yes, please provide Name / Contact # of previous veterinarian?

Please list current illnesses or previously diagnosis:

Current Diet: _____

Current Medication(s): _____

Preventions: _____

Allergies: _____

DEPOSIT FOR SURGICAL AND SPECIALIST PROCEDURES:

To ensure that we can accommodate every patient with the best possible care, Genesee Veterinary Hospital requires a \$110 non-refundable deposit in advance of any surgical procedure, dental cleaning, and all procedures that require a specialist (i.e. ultrasound, cardiology consultation, echocardiogram). If you need to reschedule the procedure, we require 24 hours' advance notice. If you are unable to make your scheduled appointment without providing 24 hours' notice, your deposit will be forfeited. We will collect your deposit upon scheduling or the day of bloodwork and the funds will be applied to the procedure.

SIGNATURE: By signing below I am confirming that all the information provided by me to Genesee Veterinary Hospital on this form is true to the Best of my Knowledge. I am also confirming that I will accept responsibility for any charges, fees or interest incurred on my account. I understand that payment is required at time of services rendered via major credit cards, Care Credit or cash. I understand that a non-refundable deposit is required for all surgical and specialty procedures. We accept all major credit cards and cash only.

Signature: _____

Date: _____

VIDEO/PHOTO RELEASE:

By signing below, I give Genesee Veterinary Hospital permission to use my or my pet's picture and/or video on the website, social media, and in various other advertising methods for promotional purposes.

Signature: _____

Date: _____