BAY CITY VETERINARY CLINIC
& EQUINE HOSPITAL

NEW CLIENT FORM

Thank you for selecting Bay City Veterinary Clinic and Equine Hospital. We welcome the opportunity to provide the best care possible for your pet. Please help us to become better acquainted by completing the following. **It is very important that this form is filled out completely and accurately.**

Your Name: _____ Spouse: _____
Last First Last First

Address: _____
Street City State Zip

Home Phone: _____Work Phone: _____ Cell: _____

Employer (Yours): _____ Spouse: _____

Driver's License #: _____ E-mail address_____

How did you first become aware of our hospital? (Check One)

_____Yellow Pages _____Hospital Sign _____Other _____Previous Client

_____Personal Recommendation – Whom may we thank? _____

	Pet A	Pet B	Pet C
Name:	_____	_____	_____
Dog/Cat/Other:	_____	_____	_____
Breed:	_____	_____	_____
Birthdate/Age:	_____	_____	_____
Sex:	_____	_____	_____
Color:	_____	_____	_____
Prior Vaccinations:	_____	_____	_____
Date Given:	_____	_____	_____
Prior Illnesses:	_____	_____	_____
Prior Surgeries:	_____	_____	_____
On Medication?:	_____	_____	_____
Any Allergies?:	_____	_____	_____

Method of Payment: _____Cash _____Check _____Mastercard/Visa _____Discover _____AmEx

FEES: ALL FEES ARE DUE UPON All fees are due upon completion of visit. Depending on services rendered, a deposit may be required!! Client will be held responsible for any collection fees, court fees and/or legal fees on any unpaid balance.

Client's Signature: _____ Date: _____

We thank you again for giving us the opportunity to serve your pet!

File: F:/My Documents/New Client Info Sheet.doc