



Date: _____

Chart Number: _____

New Client Form

Welcome to Smithville Animal Hospital
Thank you for giving us the opportunity to meet and care for your pet(s).
Please complete the following.

Name: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employment: _____ Spouse Employment: _____

How did you become aware of our hospital? _____

If you were referred, please note the name of the person that referred you: _____

Email Address(es): _____

(We use email communication to send testing results, requested estimates or other documentation.)

Phone Numbers:

Home: _____

Work: _____ Spouse Work: _____

Cell: _____ Spouse Cell: _____

Text okay? Yes No

Text okay? Yes No

Social Media:

We routinely post pictures of patients on our website/social media page if authorized.

- Social media posts are okay and I would love if you would include the name of my pet(s)
- Social media posts are okay, but please do not use names
- Social media posts are NOT okay

Terms of Service

PAYMENT IN FULL is required at the time services are rendered. We do not offer any form of billing. We accept cash, check (with photo ID), VISA, MasterCard, Discover and Care Credit (January 2020) as forms of payment. Advanced minimum deposit of half of your estimate is expected from you for all animals left in the clinic for overnight treatment or diagnostics. This also applies to extensive treatment of severely ill patients or boarders staying longer than one week unless prior arrangements have been made.

All information I have provided here is true to the best of my knowledge.

- I have read and understand the Terms of Service.

Signature _____ Date _____

