



OFFICE USE ONLY

Account #: _____

Date Entered: _____

NEW CLIENT INFORMATION FORM

Client Information - Please complete all information below.

Last Name: _____ First Name: _____

Spouse/Partner Name: _____ What would you prefer to be called: _____

Children's Names: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Spouse/Partner Cell: _____ Spouse/Partner Work: _____ County: _____

E-mail address: _____

You will receive email reminders instead of postcards - please let us know if you prefer postcards. Your e-mail address is kept strictly confidential. It allows you to access your private Pet Portal through our website and allows us to e-mail your pet's reminders and newsletters to you.

Are you interested in learning about pet insurance? Yes No

How did you find out about us?

Personal Recommendation Name: _____

Phone book Which one? _____

Hospital Sign/Location _____

Internet/Website Which one? _____

Other Please explain: _____

Pet Information - Please complete the following information for each pet.

Name: _____ Species: _____ Breed: _____

Sex: _____ Birth Date: _____ Color: _____ Spayed/Neutered? ___Y ___N

Microchipped? ___Y ___N Any allergies or medical problems? _____

Name: _____ Species: _____ Breed: _____

Sex: _____ Birth Date: _____ Color: _____ Spayed/Neutered? ___Y ___N

Microchipped? ___Y ___N Any allergies or medical problems? _____

All fees are due at the time services are provided. We accept MasterCard, Visa, Discover, Checks, and Cash as payment. It is our policy to provide you with a written estimate of fees for any case where hospitalization, emergency care, dentistry, or surgery will be provided. A deposit may be required prior to treatment.

PUBLICITY RELEASE: I authorize Colony Park Animal Hospital to use my pet's photo and first name in marketing materials, which may include but are not limited to, social media accounts like Facebook and Instagram, CPAH.net, in-hospital signage and other forms of advertising. _____ (your initials)

Signature: _____ Date: _____

Thank you for giving Colony Park Animal Hospital the opportunity to care for you and your pet!