



3102 Sandy Creek Drive Durham, NC 27705  
(919) 489-9156

## New Client Information Form

Office Use Only Account #: _____ Date Entered: _____
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### Client Information - Please complete all information below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_ What would you prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse/Partner Cell: \_\_\_\_\_ Spouse/Partner Work: \_\_\_\_\_ County: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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 to you.

### How did you find out about us?

- Personal Recommendation Name: \_\_\_\_\_
- Phone book Which one? \_\_\_\_\_
- Hospital Sign/Location
- Internet/Website
- Other Please explain: \_\_\_\_\_

### Please complete the following so we may tailor our approach to your individual needs:

- I feel that my pet is a member of our family.
- I feel that my pet is just a pet.
  
- I want the best medical care available for my pet. Please recommend anything that you feel is necessary for good health.
- I want good medical care for my pet, but there is a limit to what I am able to have done.
- I want only the services that I request to be performed.
  
- I want to learn as much as I can about pet health care. Please explain in detail what has been done for my pet or what is needed.
- I would prefer a summary of what has been done for my pet or what is needed.
- I want my pet healthy, but don't need to know what has to be done.
  
- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

**Continued on Back**

**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? \_\_\_\_\_

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? \_\_\_\_\_

In case of major medical problems, who makes the final decision about treatment? \_\_\_\_\_

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.

**All fees are due at the time services are provided.** Please indicate your primary choice of payment.

\_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Check      \_\_\_ Cash

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Your Pet's First Visit

**10% Off Services**

**COLONY PARK ANIMAL HOSPITAL**

Off 15-501 By-Pass across from University Tower

Telephone: 919-489-9156

Valid for first visit only; limited to 1 pet. Applies only to services.

Coupon must be presented at check-out.