



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!**



YOUR PET'S FIRST VISIT

**10% OFF**  COLONY PARK  
ANIMAL HOSPITAL  
**ALL SERVICES**

919.489.9156 3102 Sandy Creek Drive, Durham, NC 27705 [CPAH.net](http://CPAH.net)

Valid for first visit only; limited to 1 pet. Applies only to services. Coupon must be presented at check-out.



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919.489.9156 3102 Sandy Creek Drive, Durham, NC 27705 [www.cpah.net](http://www.cpah.net)