



Premier Paws Veterinary Service

New Client and New Patient Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following in clear print.

CLIENT INFORMATION:

Client Name: _____ Preferred Phone: _____
Address: _____ Home Cell Work
City/Town: _____ State: _____ Zip: _____
Email: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Written estimates are provided upon request

Please indicate choice of payment:

Cash Credit Card Care Credit Check (DL# _____)

How did you hear about us?

Personal Recommendation (Whom may we thank) _____
Website Hospital Sign/Drove by Facebook Other _____

PATIENT INFO	PET #1	PET #2	PET #3	PET #4
NAME				
BREED				
DATE OF BIRTH				
COLOR				
SEX; SPAYED OR NEUTERED?				

Any concerns you would like for us to discuss?

Our pet(s) is: Member of our family Service Animal Foster Animal Show Animal

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

I hereby authorize the veterinarians of Premier Paws Veterinary Service, LLC to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges uncured in the care of this animal. I understand that **ALL CHARGES ARE DUE AT THE TIME SERVICES ARE RENDERED AND/OR AT THE TIME OF DISCHARGE**. A \$30.00 service charge will be incurred on any returned payment.

Estimates are based on your pet's status and may change if medically appropriate. Any verbal or written estimate of charges is only a best approximation, and the final charges may be less than or greater than this amount. All prices are subject to change without notice. There may be a deposit required for surgical procedures.

If fees for professional services are not paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges can be applied to all amounts that are at least 30-days past due at the rate of 2% per month. If the account is in default and turned over for collection, I acknowledge that I will be responsible for a \$30.00 fee and all reasonable costs associated with effecting collection.

I verify that all information provided is accurate.

Signature of Client/Owner and Date