# NEW CLIENT FORM

Office Use
Account _____

Date: _____

**Please email any vaccine/medical records to: receptiondesk@chinagrove.vet**

## Owner Information:

Last Name: _____ First Name: _____
Address: _____ Apartment/Unit: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Alternate Contact Name: _____ Phone: _____

**Pet 1 Information:**

Name: _____ Breed: _____ Age: _____

Male or Female (circle one) | Color? _____ | Spayed/Neutered? Yes / No (circle one) | Canine or Feline (circle one)

**Pet 2 Information:**

Name: _____ Breed: _____ Age: _____

Male or Female (circle one) | Color? _____ | Spayed/Neutered? Yes / No (circle one) | Canine or Feline (circle one)

**ALL FEES ARE DUE AT THE TIME OF RELEASE.**
**A DEPOSIT WILL BE REQUIRED FOR ALL INPATIENT SERVICES.**
**WE DO NOT EXTEND CREDIT.**

I do understand that the clinic staff will use all reasonable precautions against injury, escape or death. The clinic staff will NOT be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet(s), while I am absent, will be treated as deemed necessary by the veterinary staff. I assume full responsibility for the expenses involved.

**Signature**: _____ **Date**: _____