



# NEW CLIENT FORM

Thank you for giving Dog and Cat Dentist the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:

Mr. Mrs.  
Ms. Dr. Responsible Party #1 \_\_\_\_\_ Responsible Party #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell/Pager # ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Drivers License (For Checks) \_\_\_\_\_

Employer #1 \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Employer #2 \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

Regular Doctor (if different than above) \_\_\_\_\_ Hospital \_\_\_\_\_

## PET INFORMATION

Please complete the following for the pet we are seeing today:

Name of Pet \_\_\_\_\_ Dog/Cat/other \_\_\_\_\_ Breed \_\_\_\_\_

Approximate Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Color \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Other Medications Your Pet Is Taking: \_\_\_\_\_

I authorize and direct the veterinarians at the Dog and Cat Dentist to diagnose, prescribe, perform minor therapeutic procedures, that their judgement may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

**ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.**

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and/or attorney's fees.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_