

MESQUITE VETERINARY CLINIC

NEW CLIENT INFORMATION

Welcome to Mesquite Vet Clinic. We are happy that you have chosen us to care for your valuable pets. Please take a few moments to fill out the following questionnaire. The information requested will help us provide you with the high quality service that you deserve.

Mrs. Ms. Mr. Dr. _____ Spouse/Other's Name: _____
(Last Name) (First Name)

Address: _____
(Street) (City) (State) (Zip)

Address: _____
(Mailing if different from above) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Spouse/Other Phone: _____ In case of emergency contact: _____

Employer: _____ Daytime phone: _____

E-mail Address: _____

How did you hear about our practice?

Yellow Pages Local Paper Sign Other/Friend: _____

Financial Information for Checks: Drivers License #: _____ State: _____ Expiration: _____

Pet Information:

How many and what types of pets do you own: ___ Dog(s) ___ Cat(s) ___ Bird(s) Other _____

From what source do you acquire your pets: Pet Store Breeder Friends Shelter

How often do you generally visit your veterinarian? _____

May we contact your previous veterinarian and request a copy of your pet's medical records? If necessary?

Yes _____ No, please do not contact them.
(Name) (Phone number)

I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be require for surgical treatment. **We do accept Visa, MasterCard, Discover, and Care Credit.** For information on Care Credit please inquire at the front desk. I assume responsibility for all costs associated with the collection of unpaid bills.

Owner or Responsible Party: _____

Date: _____