***New Client 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.

***Owners Information***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Primary Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary#\_\_\_\_\_\_\_\_ (cell)(hm)

Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Work #\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_(cell)(hm)

Our clinic offers automatic reminders, would you like yours;

Text this #\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BOTH\_\_\_\_\_

***Patient Information***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient 1 | Patient 2 | Patient 3 |
| Patient Name |  |  |  |
| Date of Birth |  |  |  |
| Breed |  |  |  |
| Sex, Spayed(S) or Neutered(N) |  |  |  |
| Color |  |  |  |
| Allergies |  |  |  |
| Special Diets |  |  |  |

**Terms of Service**

I authorize Boyer Veterinary Clinic to treat any of my pets. I am aware that all treatment and medication charges are in addition to the exam fee and agree to pay all charges incurred by the time of release of my pet. We accept all major credit cards, Care Credit, cash and checks with proper identification.

All information I have provided here is true to the best of my knowledge. **I have read and understand the Terms of Service.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**