



New Patient Information Sheet

Please Print.

Client Name: _____ Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone(s): _____

Place of Employment: _____ Work Phone: _____

Email address(s): _____

How did you hear about us? Internet ___ Driving by ___ Referred by: _____

Pet's Name: _____ Dog/Cat/Other: _____

Breed/Species: _____ Color(s): _____

Birth date: _____ Male Female Spayed/Neutered

Is your pet indoors/outdoors? _____ What diet does your pet eat? _____

Date of last physical: _____ Date of last vaccinations: _____

Allergies? If yes, please list: _____

Previous medical conditions: _____

Current medications: _____

Flea/tick medication? Yes No Heartworm Prevention? Yes No

I, the undersigned, understand that it is the policy of Welleby Veterinary Hospital that fees for my pet's care are due and payable in full at the time of services rendered. (Accepted Forms of Payment are: Cash, Check with ID, CareCredit, Visa, MasterCard, Discover and American Express)

I am aware that a service charge of 1.5% per month will accumulate on all account receivables. I further realize that, should my account become overdue, I will be in default of this contract and immediately sent to collections for prompt payment. I understand I will be responsible for all costs of collection, including, but not limited to, court costs, interest, collection agency fees, and any other costs associated with obtaining the debt I owe.

By signing this form, I certify that the above information is accurate and agree to all terms.

Signature

Date