



Heartland Veterinary Clinic

New Client Form

Primary Owner Name _____ Phone (____) _____

Secondary Owner/Contact _____ Phone (____) _____

Primary Street Address _____

Apt. # _____ City _____ State _____ Zip _____

Email Address (if you would like email reminders) _____

How did you FIRST hear about us?

- Referred by friend or relative Name _____
- Humane Society/County Dog Control
- Driving by, saw sign
- Online
- Other _____

Pet's Name _____ Species _____ Age _____

Breed/Predominant Breed _____ Color _____

(circle one) Male / Female / Unknown (circle one) Spayed(female) / Castrated(male) / Intact(male or female)

Microchip Number _____ Indoor _____ Outdoor _____

Current Medications _____

Diet (if known) _____ Chronic Health Problems _____

Vaccine History (if known) _____

Pet's Name _____ Species _____ Age _____

Breed/Predominant Breed _____ Color _____

(circle one) Male / Female / Unknown (circle one) Spayed(female) / Castrated(male) / Intact(male or female)

Microchip Number _____ Indoor _____ Outdoor _____

Current Medications _____

Diet (if known) _____ Chronic Health Problems _____

Vaccine History (if known) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Financial Policy: We do expect payment in full at the time of service; we encourage you to discuss fees prior to treatment for your pet to avoid any misunderstanding. **We accept cash, personal checks (accompanied by a drivers license), VISA, MasterCard and Discover.** I, the owner or authorized agent, hereby authorize Heartland Veterinary Clinic to administer such treatment as is necessary and to perform diagnostic and/or therapeutic procedures. I assume responsibility for all charges incurred for the care of my pet(s). I also understand these charges will be paid in full at the time services are rendered and that a deposit may be required prior to treatment.

Owner/Agent Signature: _____ Date: _____