



# Newton Animal Clinic

## New Client Form

Date: \_\_\_\_\_

### Client Contact Details

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Pet Details

Pet Name: \_\_\_\_\_ Cat or Dog (Circle one)

Breed: \_\_\_\_\_ D.O.B. or Age

: \_\_\_\_\_

Gender: Male Female Neutered Male Spayed Female

Color: \_\_\_\_\_ Any drug/seasonal Allergies? \_\_\_\_\_

Previous Veterinary Clinic: \_\_\_\_\_

### Payment Information

Please indicate your choice of payment:

Cash: \_\_\_\_\_ Credit/Debit Card: \_\_\_\_\_ Check: \_\_\_\_\_ Care Credit: \_\_\_\_\_

**ALL** fees must be paid in full at the time of services. A **DEPOSIT** is required on all pets that must be hospitalized for laboratory tests or treatment.

**NO BILLING OR CREDIT IS AVAILABLE THROUGH OUR OFFICE**

(Office Staff Only: Newton Client Number: \_\_\_\_\_)