

New Client Check-in Form

Client Name _____
Address _____
City, St Zip _____
Home Phone: _____
Work Phone: _____

Pet Name: _____
Age _____

Sex (Circle one) Male Male Neutered Female Female Spayed

Breed _____
Color _____

Species (Circle one) Dog Cat Other

Drug Allergies _____

Date of Last Vaccination:

Dogs		Cats	
Rabies	_____	Rabies	_____
Dhlp-p-c	_____	Fvrcp	_____
Bordetella	_____	Felv	_____
Lymes	_____	FIP	_____

How did you hear about us?

- Yellow Pages
 Drive by
 Web Page
 Client Referral : Name _____
(We appreciate referrals and would like to send a letter of appreciation.)
 Other: _____

How did you wish to pay for your visit today?

- Cash
 Check - if so, Texas Drivers License Number _____
 Credit Card

Attention Check Writers

We Gladly Accept Your Checks

However, in the event your check is returned for Insufficient Funds, Federal Check Recovery, Inc. reserves the right to electronically debit your checking account for both the face amount and associated fees. Your payment by check is deemed as acceptance of this electronic check recovery system

Thank you for your business!