

# New Client Information Form

From Yolinda Animal Hospital, Inc.

## New Client Information Form

**YOLINDA ANIMAL HOSPITAL**

**OWNER**

**SPOUSE**

Name

Name

**HOME ADDRESS**

Street

City

State

Zip

**PHONE NUMBERS**

Owner cell

Spouse cell

Owner work

Spouse work

**OWNER E-MAIL ADDRESS**

**HOW DID YOU COME TO SELECT US TO CARE FOR YOUR PET?**

- Personal referral  Whom may we thank? \_\_\_\_\_
- Internet search engine  Which one? \_\_\_\_\_
- Other  Please elaborate: \_\_\_\_\_

**PET INFORMATION**

Name	Breed	Color	Date of Birth	Sex	Spayed/ Neutered Yes/No	When were the following vaccines last given?				Microchip Yes/No
						DHPP (K9) FVRCP (fel)	Bordatella (K9) FeLV (fel)	Corona (K9) FeLV (fel)	Rabies	

If you have already taken your pet to a veterinarian, please provide their name and telephone number here so we may obtain medical records:

Clinic name

Contact telephone number

**PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE BY INITIALLING THAT YOU UNDERSTAND AND ACCEPT THEM**

- Payment is due in full at the time services are rendered, but we do offer payment plans from time to time.

- We accept cash, Visa, MasterCard, Discover, American Express and Care Credit, BUT NOT CHECKS.
- Our opening hours are normally from 8 am and 6 pm, and therefore there are no personnel on the premises at night.
- The authenticity, purity and strength of medicines obtained from online pharmacies cannot be guaranteed, because these pharmacies do not obtain their product direct from the manufacturer.
- No guarantee can be made as to the results obtained from medical treatment.
- By law (CCR 2032.1), a veterinarian-client-patient relationship must exist before my pet can be prescribed medicines; the maximum lifetime of this relationship is one year; and this relationship can only be established or renewed by a comprehensive physical examination of my pet by a Yolinda Animal Hospital veterinarian.
- I consent to receive text message and e-mail communications from Yolinda Animal Hospital, Inc.

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Signature (must be over 18)

Please print

Date

I grant to Yolinda Animal Hospital , its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Yolinda Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos of me and/or my pet

The above may NOT take photos of me and/or my pet

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

I authorize the release and use of my pets' health information and photo for the following purpose: Yolinda **Pet of the Month** display board. I understand that this display board will be posted where other clients may see it. By signing below, I give my consent for Yolinda Animal Hospital to use my pet for their **Pet of the Month** campaign.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Thank you!

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