



# NEW CLIENT FORM

## OWNER INFORMATION

|                    |        |            |               |
|--------------------|--------|------------|---------------|
| First Name:        |        | Last Name: |               |
| Address:           |        |            | Phone:        |
| City:              | State: | Zip:       | Cell:         |
| Primary Email:     |        |            |               |
| Alternate Contact: |        | Phone:     | Relationship: |

## PATIENT INFORMATION

|  |  |  |            |
|--|--|--|------------|
| Name:  |  | Species: (Please circle)    Cat                  Dog |            |
| Breed:   | Color:   |  | Birthdate: |
| Sex:                  Male                  Female | Does your pet have a microchip?    Yes                  No |  |            |
| Spayed/Neutered?    Yes                  No        |  |  |            |

In order to best manage your pet’s medical care, it is important to have a full medical history; please allow us to contact your previous vet. Veterinary Practice \_\_\_\_\_ Phone Number: \_\_\_\_\_

We would love to thank the person(s) responsible for your referral: \_\_\_\_\_

Cole Veterinary Clinic (CVC) maintains an Internet (social media, website, etc.) presence for purposes including marketing and client education. Part of this presence includes photographs of our practice and its daily workings. Therefore, we may be interested in using images of your pet(s) and/or family as part of the effort to maintain, expand, and educate the public about our business and services, as well as include clients in every aspect of our practice. Please let us know how we may use/post photographs of your pet(s) and/or family:

\_\_\_\_ CVC has my permission to use or post photographs of my pet(s) and/or self/family

\_\_\_\_ CVC may NOT use or post photographs of my pet(s) and/or family

Full payment is due when services are rendered. WE DO NOT ALLOW BILLING OF ANY KIND. On your request, we can provide a written estimate of expected diagnostics and treatment recommendations. Surgeries, hospitalizations, and emergency services may require a deposit prior to treatment. Our staff will be happy to discuss finance options, such as Care Credit with you.

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

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

**Cole Veterinary Clinic uses PetDesk® to manage client communications, send you reminders about upcoming appointments, patient reminders of services due, and status updates regarding your pet while they are here in our hospital. You agree that we may share your name, pet’s name, email address, address, and phone number with PetDesk to facilitate this process. To learn more about PetDesk or their privacy policies, please visit [www.PetDesk.com](http://www.PetDesk.com) or download their iOS or Android mobile applications.**