

New Client Form

Thank you for choosing us to care for your pet(s). We look forward to your upcoming appointment. At Ansley Animal Clinic we recognize that everyone's time is valuable. Our appointment times are limited, so we ask that you provide a 24-hour notice if you are unable to keep your appointment. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, we require a credit card for all new client appointments. A \$75.00 fee will be charged *only* if you miss your appointment or cancel with less than 24 hours' notice. Please sign this form as soon as possible so we can create your account.

Primary Owner/Contact:

Name: First Name Last Name Primary Phone: () -
Address: Street Address Unit/Floor/A City ZIP Code
Rabies vaccine registration County

Co-Owner Name

First Name Last Name Primary Phone () -

Your last Veterinary Hospital

What is the name and location of your previous veterinary hospital?

Vet hospital name, city and state

Pet Information

Name: Pet's name Species: Dog Sex: Male

Is your pet spayed or neutered? Yes No I'm not sure

Breed: Color/Markings: Is your pet microchipped? Yes No Not sure

Date of Birth (approx) Select Date

Does this pet have a history of allergic reactions to vaccines and/or medications? Yes No

Additional Pet - Please only include pet(s) we are seeing for your initial visit.

Name: Pet's name Species: Dog Sex: Male

Is your pet spayed or neutered? Yes No Not sure

Breed: Color/Markings: Is this pet microchipped? Yes No Not sure

Date of birth: Select Date

Does this pet have a history of allergic reactions to vaccines and/or medications? Yes No

Referrals

At Ansley Animal Clinic, referrals are the highest compliment you can give us. If a friend referred you to us, please list their name so that we can thank them by adding a credit to their account. first and last name

Photo Release



I authorize Ansley Animal Clinic to photograph me and/or my pet(s) and give my consent to use those photographs in any and all publications, educational materials, research, advertising, news media, and social media/internet materials. Yes No

Credit Card Authorization

We collect payment information prior to appointments as a deposit. Please provide the card type, last 4 digits, and expiration date. We accept American Express, Visa, MasterCard, Discover. A receptionist will contact you before your appointment to complete the information.

Card Type Name on card: Last 4 digits
Expiration Keep card on file?

IMPORTANT: Professional fees are to be paid at the time services are rendered. We accept all major credit cards, check/debit cards, cash, and personal checks with the proper identification. By signing below, you acknowledge that you have received this notice, understand this policy, and authorize us to charge the credit card that you provided.

X _____



Signature Certificate

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LEGALLY SIGNED USING
WPsignature
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Audit

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Page 3 of 3