

**THREE NOTCH VETERINARY HOSPITAL - PARK VETERINARY CLINIC
NEW CLIENT INFORMATION SHEET**

Name: _____ **Pet's Name:** _____

Mailing Address: _____ **Breed:** _____

Address: _____ **Birth Date:** _____ **Sex:** _____
(City) (State) (Zip)

Preferred Phone #: _____ **Color:** _____

Employer: _____ **Spayed:** _____ **Altered:** _____

Business Phone: _____

Spouse's Name: _____ **Spouse's Business Phone:** _____

E-Mail Address: _____

PLEASE INDICATE HOW YOU CHOSE US

Recommended by one of our clients. Client's name: _____

Yellow Pages **Other (please specify):** _____

In order for us to keep our fees as low as possible, Three Notch Veterinary Hospital and Park Veterinary Clinic does not extend credit. Payment is due when services are rendered. We accept Visa, Master Card, Discover, CareCredit, American Express, cash, or checks drawn on a local bank. We require proper identification and ask that you fill out the information below. We ask for this information at this time so we will not have to inconvenience you in the future when you do wish to pay in the form of a local check. Thank You!

Driver's License Number & State it is for: _____

**Please note: All pet images, without any identifying information, are authorized for use in photographs or videos for educational or promotional purposes in any type of media. If you prefer to opt out from this release, please check the box . []*

** For our client's protection all information is confidential. We do not allow access to our data base via third parties.*