

**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)
Home 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, 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: _____

We do not require you leave Credit Card information. However, if you wish to have other family members or friends pick up your pets and/or their medication and wish to have it charged to your credit card, we will keep it on file for you. Remember, we will need your verbal or written permission each time in order to charge it your account.

Credit Card Type: *Visa* *Master Card* *Discover* *Care Credit*

Credit Card Number: _____ **Expiration Date:** _____

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