

Client #\_\_\_\_

Primary Owner's Name		Date of Birth	
Spouse/Significant Other's Name		Date of Birth	
Primary's Social Security #	Driver License #		
Home Phone #	Cell Phone #		
Cell or Alternate Phone #			
Home Address			
City	State	Zip	
Email			
Employer	Phone_		
New Client? How did you hear about us?		Friend - Flyer - Internet - Billboard - Radio d, whom may we thank?	
Method of payment:	Cash Credit/Debit	Check Care Credit	
returned check fee as well as original amount the send record	check was written for. By sign ds to another veterinary facility	if they request it. not limited to interest charges, collection agency	ssion to
Signature		Date	
	ENT ACCEPTANCI		
Thank you for trusting us with the care of We offer consultation in the use of homeo- mineral supplementation, and food conce effective way to deal with a wide variety therapy can treat the same broad range of However, not every problem responds to alternative. In spite of our best efforts, no advanced, or the immune system too wea	opathic remedies and nutrintrates. We favor this for of health problems that a problems conventionally this type of treatment, an ot every problem can be r	rition, such as fresh food diets, vitamin orm of treatment because we feel it is the mimals face. Homeopathy and nutrition y treated with drugs. ad we can use conventional treatment as	and e most nal

If this is acceptable to you, and what you wish for your pet, please sign below.

## **DECLARATION OF ACCEPTANCE:**

Signature	Date
Name (print)	
<b>`</b>	

Office Use only \_\_\_\_\_