

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

	D	Date		
Name	Spouse's Na	_Spouse's Name		
Address	City	State Zip	the contract of	
Phone Work Phone	Spous	e's Work Phone		
Place Of Employment				
Driver's License #D				
E-Mail Address				
Providing your email and/or cell number will allow	w us to send appointment confirm	nations, our online petdesk app, an	d periodic promotions.	
ou may opt out at any time.				
prefer to receive appointment confirmations and	d reminders by (circle all that app	ly): Email Text Ph	one Call	
How did you become aware of our clinic? (circle	one) Google Facebook Yello	w Pages Drove by Previous Cli	ent Other:	
	4.01			
Personal Recommendation (Whom may we than				
All Fees Are Due At The Time Services A	Are Rendered			
	PET # 1	PET#2	PET#3	
NAME				
BREED				
DATE OF BIRTH				
COLOR				
DEV ORAVED OR NEUTERED		14		
SEX; SPAYED OR NEUTERED?				
SEX; SPAYED OR NEUTERED?	YOUR DOG'S VACCINATION	DN HISTORY:		
RABIES	YOUR DOG'S VACCINATION	DN HISTORY:		
	YOUR DOG'S VACCINATION	ON HISTORY:		
RABIES	YOUR DOG'S VACCINATION	ON HISTORY:		
RABIES DAPP (DISTEMPER PARVO)	YOUR DOG'S VACCINATIO	ON HISTORY:		
RABIES DAPP (DISTEMPER PARVO) BORDETELLA	YOUR DOG'S VACCINATION	ON HISTORY:		
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA	YOUR DOG'S VACCINATIO	ON HISTORY:		
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA FECAL (STOOL SAMPLE)	YOUR DOG'S VACCINATION YOUR CAT'S VACCINATION			
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA FECAL (STOOL SAMPLE)				
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA FECAL (STOOL SAMPLE) HEARTWORM TEST/PREVENTION?				
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA FECAL (STOOL SAMPLE) HEARTWORM TEST/PREVENTION? RABIES				
RABIES DAPP (DISTEMPER PARVO) BORDETELLA INFLUENZA FECAL (STOOL SAMPLE) HEARTWORM TEST/PREVENTION? RABIES FVRCP (FELINE DISTEMPER)				

We often take pictures of our patients and may use them on our website/Facebook. Do you authorize the use of your pet's pictures for use on our website, Facebook, and marketing materials? (circle one) Yes No

Financial Policy

Thank you for choosing Thompson Peak Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Thompson Peak Veterinary clinic requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard® or Discover Card®

By signing below, you agree to the foregoing terms of payment:

- Convenient Monthly Payment Plans from CareCredit®
 - o Allow you to begin treatment today and pay over time
 - o Available for any treatment amount
 - Can be used repeatedly -for your entire family -without having to reapply¹

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$250 or more, will require a 50% deposit to begin your pet's treatment.

Additional Policy Information:

Client / Owner Name (please print)

Thompson Peak Veterinary Clinic charges \$35.00 for returned checks. A fee of \$25 may be charged for clients who miss or cancel more than 2 appointments in a calendar year without 24 hours notice. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Client/Owner Signature		Date	
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¹Restrictions apply. See CareCredit® terms of agreement for more information.