



New Client/Patient Form

Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Alt. Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Referred By: _____

Patient #1		Patient #2		Patient #3		Patient #4	
Name:		Name:		Name:		Name:	
Sex:	SF or F NM or M	Sex:	SF or F NM or M	Sex:	SF or F NM or M	Sex:	SF or F NM or M
Breed:		Breed:		Breed:		Breed:	
Age:		Age:		Age:		Age:	
Color:		Color:		Color:		Color:	
Insurance:		Insurance:		Insurance:		Insurance:	

Payment Disclosure: I understand that by signing this form, I am stating that I accept that all payments are due at the time of service. I understand I can pay with cash, major credit cards and Care Credit. I understand that should my account not be paid in full at the time of my appointment, I will be susceptible to finance charges and possible collection services.

No Call/No Show Protocol: I understand that by signing this form, I agree to let Mauer Animal Clinic know if I am unable to make my scheduled appointment time for my pet. I understand that if I am tardy for my appointment that I may be moved to an Urgent Care appointment. I also understand that if I miss my appointment completely, I may be required to put deposits down for future appointments.

Client Signature: _____