



New Client/Patient Information

FOR OFFICE USE ONLY: Government-issued photo ID verified by _____

Owner Name: _____ Spouse/Partner/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Please review/add phone numbers so we may contact you efficiently:

Home: : () -
 Cellular: : () -
 Other : () -

Email* (owner): _____ *Animal Medical Center requests your email address for the sole purpose of hospital-client communication. We will not sell or utilize your email address for any other purpose. Please add amcofjc1@gmail.com to your address book.

Pet Name: _____ Species: _____ Breed: _____
 Gender (circle): Female/Male , Spayed/Neutered Age: _____ Color: _____

Additional Pets:

Name: _____ Species: _____ Breed: _____
 Gender (circle): Female/Male , Spayed/Neutered Age: _____ Color: _____

Previous veterinary practice and veterinarian*: _____
 *Please initial to permit AMC to request records from previous veterinarian: _____

How did you hear about Animal Medical Center? Yellow Pages/Phone book Facebook
 Personal Recommendation (who may we thank?) _____ Other: _____

We accept the following forms of payment: MasterCard, Visa, Discover, Checks, and Cash.
 If paying by **check** please provide your driver's license in order for us to make a photocopy.

Payment is due in full at the time services are rendered. A deposit will be required for all patients admitted into the hospital. An estimate can be provided by the doctor upon request prior to any pets receiving medical treatment.

As owner of the above pet, I agree to pay all fees for services rendered in the care of my pet at the time my pet is discharged. If requested, I will be provided an estimate for services.

Signature: _____ Printed Name: _____ Date: _____