



New Client Check In Form

If you would like to make an appointment, you can assist us to expedite your check in by printing out this form and completing it prior to your visit, bringing it with you at the time of your appointment. Thank you for your cooperation in letting us assist you.

Owner Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State / Province: _____ Zip / Postal Code: _____

Daytime Phone Number: _____ Phone Type: Cell Home Work

Evening Phone Number: _____ Phone Type: Cell Home Work

E-Mail Address : _____

How did you hear about us? Please give name if one of our clients so we may thank them.

Pet Information

Pet's Name _____ Age: Years, Months _____

Type of Pet: Canine Feline Avian Exotic Other _____

Breed: _____

Sex: Male Female Neutered/Spayed: Yes No

Are your pet's vaccines current? : Yes No

Do you have your pet's medical records? If yes, bring with you to the appointment: Yes No

Does your pet have medical records at another Veterinary Practice? Yes No

Name of Former Veterinary Practice: _____

May we request a transfer of records? Yes No

Would you like us to call you for your appointment? Yes No

Reasons or conditions that prompted your visit?

Special requests or conditions?

Please list any additional pets here

Please Read

I understand, by signing this agreement, that I am responsible for any charges incurred by my pet while in the care of the doctors at Animal Hospital of Ivy Square and that charges are due and payable at the time of service, unless other arrangements are made in advance. Any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum. Any balance that I leave unpaid will be forwarded to Animal Hospital of Ivy Square's collection agency, and will incur a 25% collection fee for which I am liable, in addition to monthly finance charges. We accept Visa, MC, Discovery, and Care Credit.

Signature: _____ Date: _____