



JACKSONVILLE VETERINARY HOSPITAL COLLEGE VIEW VETERINARY CLINIC



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pets. It is our mission to offer the best quality healthcare to your pets as well as to show real and true compassion not only to your pets but to you, our clients, as well.

In order to provide the best care for your pets and best service to you, we ask that new clients fill in this form in full.

PRIMARY CLIENT INFORMATION

Primary Client/Account Holder must be at least **18** years old. Please use mailing address and fill out all information.

Please fill in all items.

Name _____ Primary Phone (____) _____ Type _____
 Address _____ Secondary Phone (____) _____ Type _____
 City/Zip _____ Email _____
 Driver's License State/Number _____ Social Security Number _____

SPOUSE INFORMATION

Check this box if you do not have a spouse. Otherwise please fill in all items.

Name _____ Primary Phone (____) _____ Type _____
 Secondary Phone (____) _____ Type _____ Email _____
 Driver's License State/Number _____ Social Security Number _____

EMPLOYER INFORMATION

Primary

Employer _____
 Unit _____
 Phone _____
 Immediate Supervisor _____

Spouse

Employer _____
 Unit _____
 Phone _____
 Immediate Supervisor _____

All charges must be paid at time of service.

We accept the following forms of payment: Cash Check Visa/Mastercad/Discover CareCredit

How did you find out about us? (please circle one) Drove by Yellow Pages Online Ad Other _____
 Former/Current Client (please name) _____

PATIENT INFORMATION

if you have more pets, please ask for a second page or list on the back of this page

Name	Date of Birth	Dog/Cat	Breed	Color	Sex	Spayed or Neutered?

Please list below all chronic or serious illnesses, allergies and previous surgeries. Include pet's name if you have more than one pet.

Please list all current food (brand and type), special diets, and medications. Include the pet's name if you have more than one pet.



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ADDITIONAL CLIENT/ACCOUNT HOLDER INFORMATION

Name _____ Age ____ Phone (____) _____ Type _____
Special Authorizations or restrictions:

Name _____ Age ____ Phone (____) _____ Type _____
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Name _____ Age ____ Phone (____) _____ Type _____
Special Authorizations or restrictions:

All persons listed on the account will have the authority to make any and all medical and financial decisions regarding any and all pets attached to the account except in the case of minors who cannot make contractual agreements. A minor would be allowed to bring in the pet and pay for/pick up prescriptions, for example.

If a person is not listed on the account, they are not allowed to make decisions for the pet.

Only the primary and the primary's spouse are considered owners of the pet. If the primary client or the spouse wishes to create restrictions on any additional client listed on the account, those restrictions must be recorded in writing and on file with JVH and/or CVVC. Only the primary or primary's spouse may add persons to or remove persons from the account.

Payments on the account may be transacted by any of the clients with their own cards or checks, in person or by phone. If any client wishes to use another person's credit card, check or other method of payment, they must have a written authorization on file which requires completion by the person who's financial information will be used.

Photo Release: I, the undersigned, hereby grant Jacksonville Veterinary Hospital and College View Veterinary Clinic permission to use, reuse, publish and/or broadcast in any and all media, my name and the photographs or video footage taken of me or my pet in which I may be included with others. I release Jacksonville Veterinary Hospital and College View Veterinary Clinic from any demands arising out of the use of photographs, video and/or audio material including, without limitation, all claims for libel or invasion of privacy. I am of full age and contract in my own name. By signing below I accept these terms and conditions.

Signature of Primary Client

Date