



P.O. Box 128, Peaster, TX 76485
8283 FM 920, Weatherford, TX 76088
(817) 458-3355 – Fax (817) 458-3350

NEW CLIENT FORM

OWNER INFORMATION: *(All fields in BOLD are required)*

Date: _____

Name: _____ Email: _____

Home Phone #: _____ Primary Cell #: _____ Work: _____

Spouse: _____ Spouse Cell #: _____ Spouse Work #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

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

Driver License/ID & State: _____ Date of Birth: _____

Emergency Contact Person & Phone #: _____

PET INFORMATION AND HISTORY: *If your pet is aggressive to other animals or people please let us know*

Previous Veterinarian Name and Phone: _____

1) Pet Name: _____ Cat Dog Other: _____ Age/DOB: _____

Male Female Spayed Neutered Breed: _____ Color: _____

Previous Medical Conditions? _____ Rabies Vaccination Date: _____

2) Pet Name: _____ Cat Dog Other: _____ Age/DOB: _____

Male Female Spayed Neutered Breed: _____ Color: _____

Previous Medical Conditions? _____ Rabies Vaccination Date: _____

We offer discounts (with qualifying status) for Companion Animal Clients (dogs and cats only)

****You may speak with one of our staff to determine if you qualify for any discounts****

**PAYMENT IS DUE AT TIME OF SERVICE. WE OFFER ALTERNATIVE
FINANACING THROUGH CARE CREDIT AND WELLS FARGO ADVANTAGE CARD.**

**PLEASE INQUIRE WITH ONE OF OUR RECEPTIONIST PERSONNEL FOR MORE INFORMATION ON THESE PROGRAMS.
INTEREST WILL BE CHARGED ON ALL BALANCES AFTER 30 DAYS PAST DUE AT AN APR OF 18%***

CLIENT SIGNATURE: _____ DATE: _____