

Date: _____

Client # _____



New Patient and Client Information Sheet

Thank you for giving Tech Ridge Pet Hospital the opportunity to care for your pet. Please complete the following so that we may become better acquainted.

Owner Information

Name (last) _____ (first) _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ Work # _____

Email (Please provide) _____

Preferred method of contact (Please choose one): Home Cell Work Text Email

Emergency Contact _____ Relationship _____ Phone # _____

How did you become aware of our clinic? (Please choose one)

Internet (Our Website / Vets.com / Yelp / YP.com / Other)

Clinic Sign HEB Recommendation

If recommendation, who may we thank? _____

We offer a 10% discount for senior citizens (65 or older), Law Enforcement Officers, Firefighters, and active duty military personnel/veterans. Would you qualify for any of these? Yes No

Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Date of birth			
Species	Canine <input type="checkbox"/> Feline <input type="checkbox"/>	Canine <input type="checkbox"/> Feline <input type="checkbox"/>	Canine <input type="checkbox"/> Feline <input type="checkbox"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>
Breed			
Color/Markings			
Microchip ID			
Allergies			
Medications			

All fees due at time service is rendered. We accept Visa, Mastercard, Discover, Debit, CareCredit, personal checks (with ID), and cash. Sorry, we do not accept American Express or have payment plans. A treatment plan (estimate of cost can be given if requested) By signing you are agreeing to these terms.

Signature: _____ Date: _____