

**Conover Veterinary Hospital New Client Form**

**Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_  
How did you become aware of our hospital? Website Client referral Online search  
Social media Drove by clinic Other: \_\_\_\_\_  
If client referral, who may we thank? \_\_\_\_\_

**Pet Information:**

Pet's name: \_\_\_\_\_  
Canine: Breed: \_\_\_\_\_  
Feline: Short hair Medium Hair Long hair Other: \_\_\_\_\_  
Color: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Months / Years  
Gender: Male Intact Male Neutered Female Intact Female Spayed  
Current on vaccinations? Yes / No / Unknown Vet Clinic: \_\_\_\_\_  
On heartworm/flea preventative? Yes / No / Unknown  
Heartworm / Flea product name: \_\_\_\_\_

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Heartworm / Flea product name: \_\_\_\_\_

I hereby authorize the veterinarian and staff of Conover Veterinary Hospital to administer such diagnostic treatment, surgical and anesthetic procedures they deem necessary. I realize that no guarantee can be made regarding the results of these procedures. Further, I assume financial responsibility for all charges incurred in the care of any/all of pets. I also understand that these charges will be paid at the time of release and that a deposit may be required for more costly medical treatment or surgical procedures. The client is liable for any and all legal and collection fees.

We are not responsible for lost items: bedding, carriers, toys, etc.

Professional fees are to be paid at the time services are rendered. An estimate of fees will be given, if requested.  
Preferred method of payment? Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ (Visa, MasterCard, Discover, American Express)

Signature of Owner

Date