



Welcome to Hometown! We are happy you have chosen us and we pledge to provide exceptional customer service and education to you, our clients, and to provide your pets with the exceptional medical care you expect from your veterinary professionals.

CLIENT INFORMATION

Name: _____	Co-Owner: _____
Address: _____ _____	Home Phone: _____
City: _____	Work Phone: _____
State: _____	Cell Phone: _____
Zip: _____	Co-Owner Cell: _____
	Primary Email: _____

How did you become aware of our clinic? Drove By – Yellow Pages – Previous Client – Internet

Personal Recommendation (*Whom may we thank?*): _____

All Fees Are Due At The Time Services Are Rendered. We accept Cash, Personal Checks, Visa, MasterCard, American Express and Care Credit. Any balance over 30 days may be charged an annual percentage rate of 18%, or 1.5% per month.

Initials: _____

It is the policy of Hometown Animal Clinic that all in-patients, out-patients, boarders and grooming pets be current on all vaccines and be free of all parasites. To prevent the spread of infectious disease and parasites, I authorize the doctors at Hometown Veterinary Clinic to treat or vaccinate my pet to satisfy this policy and understand that I will be responsible for any associated costs.

Initials: _____

Signature: _____

Date: _____

PET INFORMATION

Name: _____	Species: _____
Breed: _____	Sex: _____
	Spayed/Neutered
Date of Birth: _____	Color: _____
Allergies: _____	Microchip #: _____
Other Medical Conditions/Concerns: _____	

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Other Medical Conditions/Concerns: _____	

** I have received and read Hometown Veterinary Clinic's Hours Disclosure Statement and Vaccination Policies.

Client Signature

Date