



**NEW CLIENT INFORMATION FORM**  
*ALL INFORMATION IS REQUIRED*

Client Name \_\_\_\_\_ Alt Client Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Number \_\_\_\_\_ Alt. Contact Number \_\_\_\_\_

Primary Email \_\_\_\_\_ Employer \_\_\_\_\_

**\*\*Email is used specifically for pet reminders and ANAH Newsletters. We DO NOT sell information. \*\***

Pet's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

M F / ALTERED? Yes No CANINE / FELINE

M F / ALTERED? Yes No CANINE / FELINE

BREED \_\_\_\_\_

BREED \_\_\_\_\_

Estimated DOB or AGE \_\_\_\_\_

Estimated DOB or AGE \_\_\_\_\_

COLOR \_\_\_\_\_

COLOR \_\_\_\_\_

**HELPFUL INFORMATION**

How did you hear about our practice?  DVM Referral  Personal Recommendation Name \_\_\_\_\_)

Sign  Yellow Pages  Website  Internet Search

Is there anything you would like the doctor to know about your pet?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We accept the following methods of payment:**

**CASH CHECK VISA MASTERCARD DISCOVER AMEX CARECREDIT**

***Payment is due at time services are rendered. A billing fee is applied to all unpaid accounts. A \$32 return check fee is applied to all unpaid checks.***

I authorize Acres North Animal Hospital (ANAH), its doctors and staff, to treat my pet(s) as they find medically necessary under their care. I agree that I give consent for examination and treatment as determined by the doctor and staff, and understand that no guarantee or warranty can be ethically or professionally made by ANAH with regards to results or cure for any procedures or treatments performed. I further agree to pay for all services and medications dispensed at the time they are performed. I authorize ANAH, its doctors and staff, to acquire any medical or vaccination records from previous veterinarian(s) and/or send copies of any medical or vaccination records to any veterinarian and/or grooming/boarding facility as requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acres North Animal Hospital 16302 San Pedro Ave. San Antonio, TX 78232**  
**Phone: 210-494-3436 Fax: 210-494-9337**

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