



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 _____

****Email is used specifically for pet reminders and clinic communications.. We DO NOT sell information.****

Do you authorize pictures of your pet to be used for social media content? YES OR NO

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 Clinic (ANAC), 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 ANAC 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 ANAC, 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 Clinic 17203 Jones Maltsberger Rd Ste. 106, San Antonio, TX 78247
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