

**BLACKHAWK VETERINARY HOSPITAL**

**NEW CLIENT FORM**

**We welcome you to Blackhawk Veterinary Hospital**

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alternate cell \_\_\_\_\_  
Alternate Contact Name \_\_\_\_\_ Cell \_\_\_\_\_  
Alternate Work Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL ADDRESS-NEWSLETTER \_\_\_\_\_

<b>PET(S) NAME</b>					
<b>BREED</b>					
<b>COLOR</b>					
<b>AGE</b>					
<b>MALE/FEMALE</b>					
<b>NEUTERED/SPAYED</b>					
<b>MEDICATION</b>					
<b>SPECIAL DIET</b>					

**HOW DID YOU CHOOSE BLACKHAWK VETERINARY HOSPITAL?**

REFERRAL \_\_\_\_\_ LOCATION \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ OTHER \_\_\_\_\_

PREVIOUS VETERINARY HOSPITAL \_\_\_\_\_

**PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, I WILL BE PAYING BY:**

**CASH      CHECK      MASTERCARD      VISA      DISCOVER      DEBIT**

I hereby authorize the veterinarians and their assistants to examine, I prescribe for and treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal, and I also understand that these charges will be paid at the time of release and a deposit may be required for surgical or medical treatment.

In the event any balance is not paid as agreed the undersigned jointly and severally agree to pay all costs included in said balance. Should it become necessary to place the account with a collection agency and/or attorney for collection, the undersigned jointly and severally agree to pay reasonable collection and/or attorney fees and costs. A monthly fee of \$5.00 and finance charges of 1.5% per month will be added to your account that excess 30 days.

**OWNER/AGENT** \_\_\_\_\_

**EMPLOYEE IDENTIFICATION VERIFICATION** \_\_\_\_\_