

Wise County Animal Clinic, PA

New Client Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Spouse cell \_\_\_\_\_

Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_

E-mail \_\_\_\_\_ Driver's License # \_\_\_\_\_

(Email is for occasional newsletters or reminders and will NOT be shared or sold)

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How did you hear about us? Personal Referral by \_\_\_\_\_ Clinic Sign \_\_\_\_\_

Yellow pages \_\_\_\_\_ Internet search \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

How long would you like your pet to live? \_\_\_\_\_

Are you interested in whole food nutritional supplements to extend the life of your pet? \_\_\_\_\_

Is there a behavior issue you wish to discuss with the veterinarian? \_\_\_\_\_ If yes, what is it?  
\_\_\_\_\_

**For the safety of your family, the Companion Animal Parasite Council recommends your pet receives bi-annual fecal exams. For your pet's comfort, please bring a stool sample with you to your visit. \*\***

**PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED**

TYPE OF PAYMENT: Cash / Check \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_ Care Credit \_\_\_\_\_

I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. Written estimates are available upon request..

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

\*\* An easy, no mess way to gather a poop sample: Take a small zip top plastic bag and turn it inside out. Put it on your hand like a glove. Use it to pick up some fresh poop. Turn the bag right side and zip closed. Bring bag with you to your appointment. Your pet will thank you.

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