



New Client Information Form

Thank you for choosing Center for Animal Health as your pet's healthcare provider.

We are proud to treat your pets as if they are our own.

Date: _____

Owner Name: _____ Second Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Second Contact Phone: _____

Email Address: _____

What is your preferred contact method? *Call / Text Message / Email*

Pet Information

Pet Name: _____ Species: *Canine / Feline* Breed: _____

Age: _____ Sex: _____ Has your pet been spayed or neutered? *Yes / No*

Coloring: _____ *(optional)* Weight: _____ lbs.

If there are additional pets in your house that you would like to add to your current medical record, please let a staff member know and they will assist with making any necessary changes.

Do you have pet insurance? *Yes / No*

If yes, what company are you using? _____

Do you consent to your pet's image being shared on our website or social media? *Yes / No*

Payment is expected when services are rendered. For your convenience we accept all major credit cards including MasterCard, Visa, Discover, and American Express. As an additional service to our clients, we also accept CareCredit. CareCredit provides an interest-free payment plan for veterinary care if the balance is paid within six months. There are no upfront Costs, no annual fees, and no prepayment penalties. If interested, ask our staff about a CareCredit application.

I, the undersigned, verify that to the best of my knowledge, the information provided above is accurate.

Owner's Signature: _____