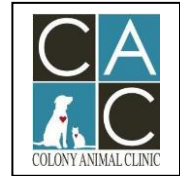


Colony Animal Clinic

359 Morphy Ave.
Fairhope AL 36532
(251)-928-7728



NEW CLIENT FORM

*Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:*

CLIENT INFORMATION

Name _____ Spouse/Co-Owner's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Spouse/Co-Owner's Phone _____
Place of Employment _____ Work Phone _____
E-Mail Address _____
SS# _____ DL#/State/Name on License _____
Spouse/Other Employer _____ Work Phone _____

Pet's Information

	PET # 1	PET # 2	PET # 3
NAME			
CAT/DOG BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			

Our pet(s) is: • Member of our family € Child's pet • Backyard pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

How did you become aware of our clinic? Drove by__ Yellow Pages__ Web Site__ Previous Client__ Other _____

Personal Recommendation (*Whom may we thank?*) _____

All Fees Are Due At Time Services Are Rendered

Please indicate choice of payment. € Cash / Check € Visa • MasterCard Care Credit

*For extensive treatments, we can establish a payment agreement **IF APPROVED IN ADVANCE OF THE TREATMENTS.**

**There will be a \$35 service charge for any returned checks.

***To prevent the spread of infectious disease, all hospitalized and boarded patients must be current on all vaccines and fee from internal and external parasites. The signature below authorizes this level of preventative care.

Responsible Party Signature _____ **Date** _____