

**Southeast Georgia Veterinary Clinic & Pawed Dog Hotel**

**NEW CLIENT FORM**

DATE \_\_\_\_\_

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Drivers License# \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you become aware of our clinic?  Sign  Internet  Yellow Pages

Client Referral - If so who may we thank? \_\_\_\_\_

Other - If so where? \_\_\_\_\_

**Payment Policy**

*(Please read carefully) Payment is expected at the time services are rendered - No exceptions. We accept checks (with valid ID), MC, VISA, Discover, Care Credit and Cash. Please make sure you are able to provide one of these forms of payment before being seen by the Doctor or Staff. Initial \_\_\_\_\_*

Pet (1) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog / Cat

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Spayed or Neutered? Y N

Weight: \_\_\_\_\_ Color or Description: \_\_\_\_\_

Pet (2) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog / Cat

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Spayed or Neutered? Y N

Weight: \_\_\_\_\_ Color or Description: \_\_\_\_\_

Pet (3) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog / Cat

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Spayed or Neutered? Y N

Weight: \_\_\_\_\_ Color or Description: \_\_\_\_\_

**\*\*\*\*IF YOU HAVE ANY OTHER PETS PLEASE ADD ON THE BACK OF THIS FORM \*\*\*\***

**MEDICAL RECORDS RELEASE FORM**

*In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, "a written authorization or other form of waiver executed by the client or an appropriate court order or subpoena" is required in order for us to provide a copy of your pet's medical records.*

I certify that I am the owner of the patient (s) whose records are being requested, and by signing below, I hereby authorize Southeast Georgia Vet Clinic and Pawed Dog Hotel to release or obtain medical records on my pet(s) as deemed necessary. This shall cover all future requests.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_