



VETERINARY CARE

New Client Intake Form

Welcome! Thank you for choosing Aspen Grove Vet Care; we look forward to caring for you and your pets.

Tell us about your pets

1. Pet Name: _____ Dog Cat
Breed: _____ Color: _____
Date of Birth (approx): _____ (please circle one) Male / Female Neutered / Spayed

2. Pet Name: _____ Dog Cat
Breed: _____ Color: _____
Date of Birth (approx): _____ (please circle one) Male / Female Neutered / Spayed

Medical history

Name of previous animal hospital: _____ Doctor's Name _____

Do we have permission to request your records? Yes No

Would you like to view your pet's medical and vaccination history online? Please provide us with a current e-mail address below.

Tell us about yourself

Name: _____ Spouse Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Mobile: _____

E-mail: _____ Date of Birth: _____

Who can we thank for referring you to us? Friend or Family: _____

- Google Radio Yellow Pages Aspen Grove website
 Style Magazine Yellowpages.com Paw Pages Other: _____

Discounts

We honor Senior Citizens (60 years +), Military and Veterans, and College Students with a 10% discount off our professional services.

- Senior Citizen Military or Veteran College Student (please provide ID)

Payment Policy

With my signature below, I acknowledge that I understand and agree to the payment policies of Aspen Grove Veterinary Care. I understand that payment, in full, is required at the time services are rendered. A \$25 returned check fee, plus 20% of the balance will be applied to my account for each check that is returned. In addition, statement and late fees will be accrued on my account each month I have a balance. No show and cancellation fee are as follows: \$30 no show fee for appointments; 50% of estimated surgery cost for less than 48 hour surgery cancellation or no show; 50% of scheduled time for less than 5 days cancellation notice for boarding; 100% of scheduled time for boarding no show.

Client Signature: _____ Date: _____