

Office use:
File #:



Layton Veterinary Hospital

NEW CLIENT FORM

Thank you for choosing Layton Veterinary Hospital. We look forward to serving your pet's health needs. To better serve you, please take a few moments to tell us about yourself and your pet(s) by filling out this form. **You must be 18 years or older to open an account.**

Please tell us about yourself:

Your name (first and last): _____ Spouse: _____

Your street address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Emergency contact: _____ Phone: _____

(Someone we can contact in an emergency, if we are unable to reach you)

How did you hear of us ?

Yellow Pages Shelter / Rescue Friend / Acquaintance- _____

Please tell us about the pet(s) we will be seeing today:

	First Pet:	Second Pet:	Third Pet:
Name:	_____	_____	_____
Species:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (fill in): _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (fill in): _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (fill in): _____
Sex: (mark one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female
Breed:	_____	_____	_____
Color:	_____	_____	_____
Age or Birth date:	_____	_____	_____

Please list and other authorized account users

Up to 2 people (in addition to you and your spouse) may be listed as authorized users of this account. **By listing people in this section, you are authorizing them to make decisions regarding treatment for your pet(s), incur medical expenses, and make payment arrangements. Furthermore you agree to be financially responsible for all decisions made by these people.**

	Full Name	Relationship to You
User #1:	_____	_____
User #2:	_____	_____

Please read and sign below:

I understand that I am responsible for all charges incurred from medical treatment at this facility and that **payment is due at the time of service.** I also understand that I am financially responsible for all expenses incurred by myself or any of the authorized users listed on this form. If my account carries a balance to a new month, I will be assessed a 1½% finance charge (minimum of \$4.50). If a monthly payment is not paid toward the balance, my account will be sent to a collection agency, and incur collection fees of 67% of the balance owed.

In the event that my pet(s) is lost or at a shelter, I hereby authorize or decline the Staff of Layton Veterinary Hospital to release my personal information, in effort to reunite me with my pet. (phone numbers, and / or address)

Authorize to, Animal Control / Shelter Rescue Private Citizen

Decline Sharing of Any Personal Information

Signed _____ Date _____