



HILTON HEAD VETERINARY CLINIC

New Client/Patient Form

Owner's Name _____ Spouse's/Partner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Spouse's Cell Phone (_____) _____

Place of Employment _____ Phone #(_____) _____

Spouse's Place of Employment _____ Phone #(_____) _____

How Did You Hear About Us? _____

Are You Interested In Receiving News/Updates/Specials By Email? _____ YES _____ NO

Pet's Name Species Breed Color DOB Sex Spayed/Neutered

_____ dog/cat _____ M/F Y / N

_____ dog/cat _____ M/F Y / N

_____ dog/cat _____ M/F Y / N

_____ dog/cat _____ M/F Y / N

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinics to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the release of any information concerning my pet's health and veterinary care to other parties working with and/or in the treatment of my pets. I accept full financial responsibility for all services rendered and understand that payment is due at the time of service. Should I not pay the balance in full, I agree to pay interest on the remaining balance in the amount of 18% interest per annum. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

_____ (_____) _____

Signature of Owner / Guardian / Agent Date Daytime Phone Number