



# HILTON HEAD VETERINARY CLINIC

## New Client/Patient Form

Owner's Name \_\_\_\_\_ Spouse's/Partner's Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you interested in receiving news/updates/specials by email? Y / N

Pet's Name	Species	Breed	DOB/Age	Sex	Spayed/Neutered?
_____	dog/cat	_____	_____	Male/Female	Y / N
_____	dog/cat	_____	_____	Male/Female	Y / N
_____	dog/cat	_____	_____	Male/Female	Y / N
_____	dog/cat	_____	_____	Male/Female	Y / N

We do require an up to date Rabies vaccination for all services rendered. If your pet is not up to date and is deemed healthy enough, a Rabies vaccine will be administered by a veterinarian at time of the exam.

Please indicate where your pet's previous medical and vaccination history is located.

Clinic/Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinic to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide 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 treatment of my pets. I accept full financial responsibility for all services rendered and understand that payment is due at time of service. I also agree to pay for all expenses incurred to collect any unpaid debt including, but not limited to, collection agency fees and billing fees.

\_\_\_\_\_  
Signature of Owner / Guardian / Agent of Owner

\_\_\_\_\_  
Date