



## New Client Information Sheet

Thank you for allowing Conejo Valley Veterinary Hospital to care for your pet. To ensure the best possible care, please complete this form fully. We will be happy to answer any questions you may have.

Owner Information			
Name: <i>Last</i>		Name: <i>First,MI</i>	
Spouse/Significant Other:			Apt/Suite/Unit #
Address:		City:	
State:		Zip Code:	
Primary Phone:	Phone type:	<input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Spouse <input type="checkbox"/> Home
Secondary Phone:	Phone type:	<input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Spouse <input type="checkbox"/> Home
Email Address:			
<b>Owner's Date of Birth:</b>			
<i>DEA Required</i> <i>Month</i> <i>Day</i> <i>Year</i>			

Referral Information			
<b>How did you find our practice?</b>			
<input type="checkbox"/> Google	<input type="checkbox"/> CVVH Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram <input type="checkbox"/> Twitter
<input type="checkbox"/> Hospital Sign	<input type="checkbox"/> Yelp	<input type="checkbox"/> Other Internet, <i>name:</i>	<input type="checkbox"/> Community Event, <i>name:</i>
<input type="checkbox"/> Pet Store, <i>name:</i>		<input type="checkbox"/> Print Ad, <i>publication name:</i>	
<input type="checkbox"/> Referred by a Friend: <i>Who can we thank for the referral?:</i>			<input type="checkbox"/> Referral Card

Patient Information	
<b>Do you have a primary veterinarian?</b> Dr. name:	Practice name:
Do you want records sent to your primary veterinarian?	Yes <input type="checkbox"/> No <input type="checkbox"/> If not specified, records will be sent.

<b>Pet's Name:</b>	<b>Species:</b> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Lagomorph <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Breed:</b> <i>(if mixed, list presumed breeds)</i>	<b>Date of Birth:</b> <i>(or approximate age)</i>			<b>Color(s):</b>		
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Spayed/Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Current on vaccines?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Pet's Name:</b>	<b>Species:</b> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Lagomorph <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Breed:</b> <i>(if mixed, list presumed breeds)</i>	<b>Date of Birth:</b> <i>(or approximate age)</i>			<b>Color(s):</b>		
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Spayed/Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Current on vaccines?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Pet's Name:</b>	<b>Species:</b> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Lagomorph <input type="checkbox"/> Rodent <input type="checkbox"/> Reptile <input type="checkbox"/> Other <input type="checkbox"/>					
<b>Breed:</b> <i>(if mixed, list presumed breeds)</i>	<b>Date of Birth:</b> <i>(or approximate age)</i>			<b>Color(s):</b>		
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Spayed/Neutered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Current on vaccines?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

**AUTHORIZATION:** I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. As the owner or acting on behalf of the owner, I assume responsibility for all the charges incurred in the care of this animal. I understand that payment is due at the time of service. I also understand that a deposit will be required for surgical, diagnostic, and/or emergency treatment and that all charges will be paid in full at the time of release. All accounts left unpaid after 30 days will accrue an 18% APR as well as a \$5.00 monthly statement fee. After 60 days all overdue accounts are sent to a collection agency and additional fees apply. Past due accounts are subject to the cost of collection and legal fees and in the event of litigation, I am responsible for all court costs and attorney fees. I also authorize Conejo Valley Veterinary Hospital and its representatives to utilize the pet's name, any photos, and case information for marketing purposes, including social media, website, lecture materials, or other marketing-related publications.

<b>Signature of Owner/Responsible Party:</b> _____ <b>Date:</b> _____
---