

Kimberly Crest Veterinary Hospital



New Client Information Sheet

Thank you for giving us the opportunity to help care for your companion.
Please help us become better acquainted by providing the required information below.

Primary Contact

(The person we will contact first)

Name: _____

Birth Date: ____/____/____

Cell Phone: _____

Employer: _____

Work Phone: _____

May we contact you at work for non-emergencies? Yes No

Secondary Contact

(The person we will contact second)

Name: _____

Relationship to Primary Contact:

Cell Phone: _____

Employer: _____

Work Phone: _____

May we contact you at work for non-emergencies? Yes No

Home Phone Number: _____
(If Applicable)

What phone number do you prefer we call first when
trying to contact you?

Home number Cell Number

Address: _____ Apartment/Building #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Social Security #: _____ - _____ - _____

Note: it is not mandatory to give us your driver's license number. However, without it, we are unable to take personal checks.

Driver's License #: _____

How did you become aware of our Hospital?

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual, someone we may thank? _____ | | |
| <input type="checkbox"/> I was referred by another veterinarian | | |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Hospital Sign | <input type="checkbox"/> Humane Society |
| <input type="checkbox"/> Internet or Website | <input type="checkbox"/> Our Brochure | <input type="checkbox"/> Facebook |

SOCIAL MEDIA CONSENT:

We here at Kimberly Crest are very proud of our patients and we like to show it! We use Facebook, Pinterest, and Instagram to stay connected with our clients and show off our amazing patients.

If you are okay with us sharing your companion's photos and experiences here at the hospital, please let us know below!!!

We will never share your personal information and you have the right to revoke this approval at any time

- Yes, I consent to allow Kimberly Crest Veterinary Hospital to share my pet's photos and information on social media.
- No, I would prefer my pet's photos and information not be shared on social media.


Your Pet's Information


Are there medical records you would like transferred from another veterinarian's office/were you referred to us by another clinic?

If yes, Clinic Name _____
 Doctor's Name _____

Do you have Pet Insurance? Yes No

Provider: _____ Policy # (if known): _____

PET #1

NAME _____
 BREED _____
 COLOR _____
 AGE/DATE OF BIRTH _____
 SEX MALE FEMALE
 SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A TATTOO OR MICROCHIP?
 YES No # _____

WHAT FOOD DOES THIS PET EAT?

PET #2

NAME _____
 BREED _____
 COLOR _____
 AGE/DATE OF BIRTH _____
 SEX MALE FEMALE
 SPAYED/NEUTERED YES NO

CURRENT MEDICATIONS (INCLUDING HEARTWORM AND FLEA PREVENTION) _____

DOES YOUR PET HAVE A TATTOO OR MICROCHIP?
 YES No # _____

WHAT FOOD DOES THIS PET EAT?



 The Standard of
 Veterinary Excellence



ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Outstanding balances will be subject to a 1.5% monthly service charge (18% APR) in addition to a billing fee of \$2.85 monthly. Any account requiring collection activity will also be subject to reasonable cost of collection and all legal fees and court costs. A return check fee of \$30 per return will be charged for any returned check. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe, treat or perform surgery upon pet(s) listed. I am 18 years old and I agree to the terms and conditions and have provided all of the required information.

Client's Signature _____

Date _____

Staff Use Only

Client #: _____ Staff Initials: _____