



New Client Information

Owner		<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
Last Name		First Name			
Street Address					
City		State		Zip	
Home Phone		Cell Phone			
Work Phone		Email			
Employer		Occupation			
Co-Owner		<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
Last Name		First Name			

Reminder Notification Preferences			<i>How would you like us to notify you about care reminders?</i>	
By Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Email	<input type="checkbox"/> Post Card

How Did You Hear About Us?				<i>Who may we thank for the referral?</i>	
<input type="checkbox"/> Drive By/Clinic Sign	<input type="checkbox"/> Website/Internet Search	<input type="checkbox"/> Facebook	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Other	
<input type="checkbox"/> Referred by Veterinarian		<input type="checkbox"/> Referred by Client			
Permission to Photograph			<i>We love sharing pictures of our clients & patients!</i>		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I authorize Mid Atlantic Cat Hospital the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.			
Pet Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	What company is your pet insured with-			

Important Information	
<p>-By signing this form, I state that I am over the age of 18; that I am the owner of this pet or acting as an agent for the owner; that I assume full financial responsibility for all goods and/or services rendered.</p> <p>-All payment is expected at the time that services are rendered. We accept cash, personal checks, VISA, MasterCard, Discover, American Express & Care Credit. The full balance must be paid when your cat is discharged from the hospital; billing is not provided. A service fee of \$35.00 will be collected for any returned check. Accounts unpaid after 30 days are subject to a finance charge of 1.50% per month, (annual percentage rate 18.00%); minimum charge of \$1.00. If your account is placed for collection, you will also be liable for the costs of such collection, including attorney's fees and court costs.</p>	
Client Signature	Date <date>
Print Name	Office Use Only -Entered By: