NEW CLIENT FORM

Welcome to Monroe Veterinary Associates and thank you for giving us the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following.

Monroe VETERINARY ASSOCIATES
Compassionate care...for life
monroevets.com

Owner 1 ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.	Name: _____
Phone Numbers:	
Home_____	Work_____ Cell_____

Owner 2 ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.	Name: _____
Phone Numbers:	
Home_____	Work_____ Cell_____

Address:_____ City/State:_____ Zip:_____ ☐ Own ☐ Rent

Employment:_____

Email Address:_____ ☐ I would like to receive communications via email when possible.

I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. In the event that payment is not received and my account is placed for collection, I, the undersigned, agree to pay in addition to the amount due, service charges, in the amount of 1.5% per month (18% per annum), an amount equal to all collection expenses, including reasonable attorney's fees in the amount of 33-1/3% of the amount placed for collection. I authorize the Animal Hospital to check my credit record and to verify my credit, employment and income references.

All fees due upon rendering of services.

How did you become aware of our hospital? ☐ Advertisement ☐ Community event ☐ Facebook ☐ Humane Society ☐ Internet ☐ Media (Radio, TV, print, etc,) ☐ MVA or this hospital's website ☐ Other MVA Hospital ☐ Sign/location ☐ Twitter ☐ Fear Free Website ☐ Yellow Pages ☐ Other (Please specify): _____

☐ Personal Recommendation:_____
(First and Last Name) (Address, if known) (Relation)

Have you been to a veterinarian before? ☐ Yes ☐ No If yes, where?_____

Is there a particular area of interest on which we could provide you with more information? If so, please list here:

_____

NOTE: For the safety of all animals here, it is our policy that all animals must be up to date with their vaccinations in order to be boarded or hospitalized.

Patient Information: Please list *all* pets you own whether they have an appointment today or not. (If more than two, please continue on reverse side.)

Patient 1 **Name** _____	☐ Dog ☐ Cat ☐ Other:_____	Breed:_____ Color:_____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other:_____ Where Given:_____

Diet:_____ Reason for today's visit:_____

Patient 2 **Name** _____	☐ Dog ☐ Cat ☐ Other:_____	Breed:_____ Color:_____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other:_____ Where Given:_____

Diet:_____ Reason for today's visit:_____

Patient 3 **Name** _____	☐ Dog ☐ Cat ☐ Other: _____	Breed: _____ Color: _____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other: _____ Where Given: _____

Diet: _____ Reason for today's visit: _____

Patient 4 **Name** _____	☐ Dog ☐ Cat ☐ Other: _____	Breed: _____ Color: _____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other: _____ Where Given: _____

Diet: _____ Reason for today's visit: _____

Patient 5 **Name** _____	☐ Dog ☐ Cat ☐ Other: _____	Breed: _____ Color: _____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other: _____ Where Given: _____

Diet: _____ Reason for today's visit: _____

Patient 6 **Name** _____	☐ Dog ☐ Cat ☐ Other: _____	Breed: _____ Color: _____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other: _____ Where Given: _____

Diet: _____ Reason for today's visit: _____

Patient 7 **Name** _____	☐ Dog ☐ Cat ☐ Other: _____	Breed: _____ Color: _____	Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Date of Birth:

Please write the date and year for vaccinations your pet has had:

DOG		CAT		
Rabies:	Distemper/Parvo:	Rabies:	Distemper:	Feline Leukemia:

Other: _____ Where Given: _____

Diet: _____ Reason for today's visit: _____

Thank you!