

New Client/Pet Information Sheet



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Thank you for giving us the opportunity to care for your pet. Please help us better serve your needs by taking a few moments to fill out both sides of this information sheet.

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Co-Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Co-Owner's Work Phone#: \_\_\_\_\_

In case of emergency, call \_\_\_\_\_ at phone# \_\_\_\_\_

Email: \_\_\_\_\_

Please note that your privacy is of our utmost importance – your email address will be used for client communication, and reminders only.

Where can obtain previous records from: \_\_\_\_\_

**How did you hear of our hospital?**

Personal Recommendation. Whom may we thank? \_\_\_\_\_

Hospital Sign \_\_\_\_\_

Web site or social media \_\_\_\_\_

Newspaper. Which one? \_\_\_\_\_

Other \_\_\_\_\_

## New Client/Pet Information Sheet

Please complete the following information for each pet:

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Sex			
Spayed / Neutered			
DOB			
Color			

### Appointment Checklist:

1. Please remember that all pets should be either on a leash or in a carrier for their own safety.
2. Professional fees are due upon completion of services rendered. We accept cash, Visa, MasterCard, Discover, CareCredit, and personal checks with a driver's license number.
3. Please call if you will be late or must cancel the appointment. We are very proud of our facility. Be sure to ask for a tour if you have time and are interested. Cancellation Policy: Please notify us 24 hours in advance if you must cancel an appointment. Three consecutively missed appointments without prior cancellation will result in an office appointment charge of \$64.

I understand that 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 treat, prescribe for, or perform surgery upon the pet(s) listed. Furthermore, I agree to pay for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_