

Pet Shots Express
New Client Form

Owner's Name (last Name) _____ (first Name) _____

Address _____ Zip _____

Home Phone Number _____

City _____ State _____

Work No. _____

Cell No. _____

Email _____
*(Emails are important because this is how we send our reminders to you)

Driver's Lic # /state _____
*(only needed if paying by check)

Employer _____

Spouse _____

Patient Name _____

Canine/Feline _____

Breed _____ Color _____

Age _____ Sex M _____ F _____ Neutered _____ Spayed _____

Birthday _____

Has pet been vaccinated within the last 12 months? Yes _____ No _____

Specify _____

On the back, please list any past or on-going medical problems.

How did you become aware of Pet Shots Express? _____

Personal Recommendation (Who may we thank?) _____

Hospital sign _____ Yellow pages _____ Other _____

Form of payment Check Visa MasterCard Discover Cash

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED: I understand there will be a service charge of \$35.00 on all returned checks. I will be responsible for payment of all charges incurred on behalf of this animal.
A COLLECTION FEE WILL BE ADDED TO THE BALANCE OF ANY ACCOUNTS SENT TO THE COLLECTION AGENCY.

Signature _____ Date _____