



goshen animal clinic
MAN'S NEXT-BEST FRIEND SINCE 1977

Client Form

Thank you for giving Goshen Animal Clinic the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name Spouses Name

Address City State Zip

Phone Work Phone Other Phone

Place of Employment Best Time to Call

Social Security # Email

Yellow Pages Internet Drove By Previous Client Referred

Pets Information

	Pet #1	Pet #2	Pet #3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Color	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex: spay/neuter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous surgeries/illness?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allergies to vaccinations/Meds?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any special diet/Medication?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Agreements:

I understand and agree to: 1) payment is due as services are rendered, 2) a deposit will be required upon admission to the hospital for treatment, 3) I am responsible for all collection fees on unpaid balances, 4) allowing Goshen Animal Clinic and its assigns to transfer patients medical information to 3rd parties in the event of needing specialty care, emergency care, request for vaccine history for boarding, grooming or veterinary facilities or any other request related to the healthcare treatment of your pet. We will not release any of your personal information related to billing, address, contact or payments. All of these items are implemented to conform to the privacy policies set forth by the Kentucky Veterinary Medical Association.

Signature

Date