

Animal Health Center of Rolla
1854 Hwy 72 East
Rolla, Missouri 65401
573-364-7100

NEW CLIENT FORM

Thank you for choosing *Animal Health Center of Rolla*

CLIENT INFORMATION

Name: _____ Spouse's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Place of Employment: _____ E-Mail: _____
May we contact you and send you reminders and clinic information by e-mail? YES NO
How did you become aware of our clinic? _____

PATIENT INFORMATION

Name: _____ Breed: _____ DOB/Age: _____
Color: _____ Sex: _____ Spayed/Neutered? YES NO

Name: _____ Breed: _____ DOB/Age: _____
Color: _____ Sex: _____ Spayed/Neutered? YES NO

Name: _____ Breed: _____ DOB/Age: _____
Color: _____ Sex: _____ Spayed/Neutered? YES NO

Our pet is: Member of our family Child's pet Backyard pet
Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Any special diets or medications? _____

PAYMENT POLICY/TERMS

By signing below and by accepting services and/or goods provided by Animal Health Center of Rolla, **I agree to pay for all such services and/or goods at the time they are received.** If my account carries an outstanding balance, I agree to pay the same within 30 days of receipt of such services and/or goods. I also agree that if I fail to pay the balance due with 30 days, then I will pay a finance charge of 1.5% per month on any unpaid balance, and if my account is placed in the hands of an attorney for collection, then I agree to pay all costs of collection, including but not limited to a reasonable attorney's fee.

Customer Signature

Date

DRIVERS LIC.# _____

DATE OF BIRTH: _____

Acceptable methods of payment include: cash, check, and all major credit card.