

New Client Form



Name: \_\_\_\_\_  
Last First

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred contact method: CIRCLE ONE Home Phone Cell Phone Work Phone Text Email

Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Spouse /Sign. Other Name: \_\_\_\_\_ Spouse/Sign. Other Phone: \_\_\_\_\_

Contact Person for Emergencies: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Current or Previous Veterinary Hospital or Doctor: \_\_\_\_\_

Pet 1 Name: \_\_\_\_\_ CIRCLE ONE Dog/Cat/Other \_\_\_\_\_ Birthday or Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ CIRCLE ONE Spayed/Neutered

Pet 2 Name: \_\_\_\_\_ CIRCLE ONE Dog/Cat/Other \_\_\_\_\_ Birthday or Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ CIRCLE ONE Spayed/Neutered

Pet 3 Name: \_\_\_\_\_ CIRCLE ONE Dog/Cat/Other \_\_\_\_\_ Birthday or Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ CIRCLE ONE Spayed/Neutered

Pet 4 Name: \_\_\_\_\_ CIRCLE ONE Dog/Cat/Other \_\_\_\_\_ Birthday or Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ CIRCLE ONE Spayed/Neutered

I am the owner or authorized agent of this patient(s), and hereby consent and authorize the admitting veterinarians, or staff, of Pet Care Center of Lincoln now and in the future to care for, treat, anesthetize, perform surgery, or dentistry, on the above named patient(s). I also assume financial responsibility for all charges incurred to this patient(s). Any legal actions will not forego the payment in full of services and medication or fees necessary for collection of fees.

Pet Care Center and Pet Resort strictly adhere to the Nebraska Law for Care of Animals, section 28-1009 and section 28-1010 (If you would like to see a copy of this law please ask a staff member)

**It is the policy of the hospital to collect all fees at the time services are rendered.**

I understand and agree that any cellular or land line phone numbers and email addresses provided by myself to this office and to any of our services providers, now and in the future, may be used as a means to contact me, and this this office and our service providers may leave messages for me manually and by using automatic systems such as by artificial or prerecorded voice. I also agree that this office and any service providers may contact me by sending text messages and emails to any phone number or email address I provide to this office or service providers and I consent to receive such text messages and emails which may identify the name of this office or service provider sending the communication, and which may disclose the nature of the communications. In the future, should I acquire a new or different cellular, landline or email address, I agree that this consent would stay effective.

Permissions for your pet's photo on our Website and/or other media. CIRCLE ONE Yes / No

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

*Thank You for choosing us!*