



Nickel City Animal Hospital

New Client Form

Welcome to our clinic and thank you for bringing your pet to us.
We look forward to keeping your pet healthy and happy for many years to come.

Visit us at www.nickelcityvets.com

Form can be emailed to nickelcityvets@gmail.com

Client Information

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone : _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Emergency Contact: _____ Phone: _____

Email: _____ Do you want to receive email reminders? Y N

How did you hear about our practice?

Friend/Family, please indicate their name, so we can thank them: _____

Internet/Website Phonebook Rescue Group _____

Drove by/saw sign Facebook/Instagram Wooden Nickel

Other _____

Pet Information

Pet's Name: _____ Dog _____ Cat _____ Other: _____

Sex: M _____ F _____ Neutered/Spay Y _____ N _____ Date of Birth/Age: _____

Breed: _____ Color: _____

Any medical conditions/vaccine reactions/ allergies to medications? N Y Please indicate below:

Vaccine History

I have provided medical history from my previous veterinarian.

I authorize Nickel City Animal Hospital to obtain my pet's previous medical history from:

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. A health care plan will be provided to me upon my request describing treatments and cost. I also understand that these charges will be paid at the time services are rendered. A deposit is required for any hospitalized treatment.

Signature of Owner: _____ Date: _____

No typed signature will be accepted

Please see other side for photo release information

Social Media Photograph Release Form

Please select whether you approve or decline to give us permission to use your pet's photos as outlined below:

- Approve use Decline use

I hereby give Nickel City Animal Hospital permission to use photographs of my pet, on Facebook, Instagram and other social media applications. I also grant permission for Nickel City Animal Hospital to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the Nickel City Animal Hospital web-site.

Signature of Owner: _____ Date: _____
No typed signature will be accepted