## NEW CLIENT INFORMATION FORM

DATE:		
Last Name:		
First Name:		
Spouse's Name:		
Street Address:		
City, State, Zip:		
Home Phone:Cell Phone:		
Please give us your <b>e-mail</b> address to receive a reminder when it is time to vaccinate your		
pet:		
Cocupation:  Employer:		
Work Phone:		
Spouse's Occupation:		
Employer:		
Work Phone:		
How did you select our hospital? (i.e Yellow Pages, Personal Referral, webpage, etc.):		
If referred by one of our clients, please enter their name:		
How are you planning to pay for today's services? WE DO NOT ACCEPT CHECKS		
Cash MasterCard Visa Am. Express Discover CareCredit		
IF FOR ANY REASON YOU WANT ANYTHING LESS THAN THE BEST SERVICE WE HAVE TO OFFER, PLEASE SAY SO UP FRONT		
<u> </u>		
Pet Information		
Pet's Name: Sex: F FS M MN		
Species (circle one): Dog Cat Horse Breed:		
Color:Date of Birth or Approx Age:		
Microchip Number:		

\*\*\*\*This clinic does not authorize online prescriptions for products we carry in clinic.\*\*\*\*



## Mark S. Range, D.V.M.

Mart Veterinary Clinic 103 E. Texas Avenue Mart, Texas 76664 (254) 876-2552

## BROKEN APPOINTMENT POLICY & NO ONLINE PRESCRIPTIONS

Reserved appointment time in our veterinary clinic is limited and valuable. It is extremely important that all clients honor their reserved veterinary appointments.

Failure to keep a scheduled appointment without 24 hours advance notification, will result in a \$50.00 cancellation fee. This charge, in accordance with the broken appointment policy for all of our clients, is to be paid within 30 days to prevent collection procedures.

The client is responsible for the payment of the charge.

Please feel free to discuss this and other policies with our staff.

\*\*\*This clinic also DOES NOT authorize prescriptions through online/alternate pharmacies such as: Pet Med Express, Chewy.com, ETC.

Thank you for your understanding and cooperation, Mark S. Range, DVM and Staff

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Q*	Data
Signature	Date