



**25 E Franklin Ave
Minneapolis, MN 55404
612-607-0044 Fax 612-353- 4365
Email info@petdoctorsanimalclinic.com**

CONFIDENTIAL NEW CLIENT INFORMATION

Client _____ Co-Owner: _____

Address _____ City _____ Zip Code _____

Phone: _____ Alternate Phone: _____
 Co-Owner Work Other _____

HELP US BE GREEN! EMAIL: _____
(We do not sell our email list. We email reminders, time sensitive alerts and hospital news only)

If we are unable to contact you in case of emergency call: _____

Phone number _____ Relationship _____

Patient: _____ **Breed:** _____

Age/Birthdate: _____ **Sex:** _____ **Neutered/spayed?** Yes No

Previous Veterinary Hospital: _____ NONE

PLEASE LIST ANY ADDITIONAL PETS IN YOUR HOME. Include name, age, sex and breed:

Whom may we thank for the referral to Pet Doctors? _____
 Saw in neighborhood Website/online Veterinarians.com Facebook or PD App
 Other hospital _____

Services I would like more information about: Wellness Plans Rewards Program

***Pet Doctors does not bill for services and cannot accept payment plans.
We do accept Visa/Mastercard, American Express, Discover,
Care Credit, checks and cash.
Professional fees must be paid at the time of each visit.***

I understand that I am financially responsible for all charges today. In the event of a default payment, I agree to pay collections costs and reasonable attorney fees totalling up to 40% of the default amount and any other future outstanding amounts.

Signature _____ Date _____