



Taylorville
Veterinary Clinic

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New Client/Patient Form

Owner: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Spouse/Other Phone: _____

Email Address: _____

Your email address will only be used for services related to Taylorville Veterinary Clinic. Your information will never be given to third parties and you can opt out at any time if necessary.

Referred By: _____

**We would like to thank the client that referred you by giving them a \$25 credit to use on any service or medication.*

All appointment confirmations will be done through email (if one is provided), would you also like appointment confirmations through a text message? Y / N

Patient(s):

<u>Name</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>Spayed/ Neutered</u>	<u>Date of Birth or Approximate Age</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand that payments are due at time of service and I agree to pay for my pet's services upon the completion of my appointment. I understand that there is a fee of \$25.00 for any returned checks. I also understand that there will be a \$25.00 fee for regular appointments and a \$50.00 fee for surgeries that are not kept or cancelled in a timely manner.

Signature: _____ Date: _____

STATE LAW REQUIRES ALL DOGS AND CATS OVER 4 MONTHS OF AGE MUST BE CURRENT ON RABIES VACCINATION. FEDERAL LAW REQUIRES ALL DOGS AND CATS MUST BE SEEN WITHIN 12 MONTHS IN ORDER TO RECEIVE PRESCRIPTION MEDICATIONS.