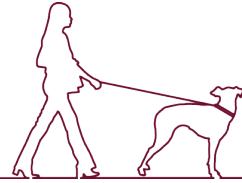




Corsicana Veterinary Clinic

1701 W. 2nd Ave., Corsicana, TX 75110
Scott Barham, D.V.M.



New Client/Pet Form

Owner's Name _____
First _____ Middle _____ Last _____
(New Client ONLY, or changes to current information)
Physical Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Home Phone Number _____ Work Phone _____ Cell Phone _____
Which phone number would you like to have listed as the primary form of contact? (circle one) HOME WORK CELL
Employer _____ Driver's License # _____
E-mail Address: _____ (Your email address will be used as a primary venue of contact for your pet's medical reminders and other health-related procedures. Please let us know if you prefer to be contacted a different way.)
Spouse or Co-Owner _____ Primary Contact Number: _____
How did you hear about us? _____
Referred by (We would like to thank them.) _____

Pet Information

Pet's Name _____
Species: (circle one) DOG CAT
Age/DOB _____ Breed _____
Color _____ Sex: _____
Spayed/Neutered: YES NO

Medical History

Name of hospital where medical records may be obtained

May we obtain records pertaining to your pet? YES NO

Medical Conditions:
(allergies, drug reactions, heart conditions, etc.)

Has your pet ever had any major illness or injury? YES NO

If yes, please explain: _____

Date of last dental check-up/cleaning (mm/yy) _____

Approximate date of last vaccination series: _____

Heartworm Preventative

Is your pet currently taking monthly heartworm preventative?

YES NO

Circle one: Heartgard Trifexis Other: _____

Does your pet have a microchip? YES NO

Microchip Identification # _____

Does your pet have insurance? YES NO

Name of provider: _____

Policy Number: _____

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs: _____ Cats: _____ Other: _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

If pictures of your pet are taken while at our clinic, is it ok for us to use those pictures on our website or Facebook with information about your pet? YES NO

FINANCIAL POLICY

Thank you for choosing us as your veterinary health care provider. We are committed to your pet's treatment being successful and as cost effective for you as possible. The following is a statement of our Financial Policy. We ask that you please read and sign below.

- Full payment is due at the time service is rendered. We accept cash, check, Visa, MasterCard, Discover, American Express, and Care Credit. If there are any questions regarding fees or charges, please inform the receptionist or technician before any services are performed. **We do not accept payment plans of any kind.**
- Before any pet is admitted to the hospital, a deposit will be required before services are rendered with the **balance due upon release.**

Signature _____

Date _____