

# ANIMAL CARE UNLIMITED

2665 Billingsley Rd., Columbus, OH 43235

PH: (614) 766-2317

FX: (614) 766-4508

## NEW CLIENT FORM

Welcome to our practice! Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following...

Owner's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Other contact #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Alternate's Phone #: \_\_\_\_\_

How did you become aware of our clinic?  Drove by  Yellow Pages  Internet  Other \_\_\_\_\_

Personal Recommendation ( *Whom may we thank?* ) \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

### Authorization

I hereby authorize the practice to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). To prevent the spread of infectious diseases, all hospitalized and boarding animals must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care if necessary and the appropriate charges will be assessed in the discharge invoice.

All professional fees are due at the time services are rendered. There will be a \$30 charge for all returned checks.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**  
(if owner/agent is less than 18 yrs. of age)

\_\_\_\_\_  
**Date**

