

## NEW CLIENT FORM

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

### CLIENT INFORMATION

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Best time to reach you \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Email address \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment: **CASH VISA MASTER CARD DISCOVER**  
Please note - no checks allowed. (Circle all that apply)

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

Personal Recommendation (Who may we thank?) \_\_\_\_\_

### PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: Spayed or neutered?			
Your pet's past veterinarian			

Our pet(s) is/are: \_\_\_\_\_ Member of the Family \_\_\_\_\_ Child's Pet \_\_\_\_\_ Backyard Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any known allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Would you like to be present during routine examination and treatment of your pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

I authorize Guignard Animal Clinic to vaccinate and provide care for my pet as I have indicated. I understand that dogs and cats can have rare but serious side effects to vaccines and other medications and I release Guignard Animal Clinic from any and all liabilities associated with the services I have requested. I release Guignard Animal Clinic from any and all liabilities associated with any injury, bite, scratch or other I receive from my pet during the administration of care I have requested.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(You may request a copy of this completed form for your own records.)*

# PAYMENT POLICY

Guignard Animal Clinic / TGYO After Hours Animal Clinic  
1216 S. Guignard Drive  
Sumter, SC 29150  
Ph. 803-775-9152 Ph. 803-774-4474 Fx. 803-778-8146

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Please be advised that all patients will be charged an Office Visit/Exam Fee of \$30-\$45. Clients who arrive after 5:50pm will also be charged an **After Hours Fee** of \$35. An estimate of treatment charges will be given after the doctor examines your pet. **PAYMENT IS DUE WHEN SERVICES ARE RENDERED.** If a patient is admitted to the hospital, a deposit needs to be left for at least half of the amount the estimate reflects. **\*\*Please Note\*\*** If a debit card is used for the deposit and you change your payment method, the bank can take 5-7 business days to release those funds back into your account.

We accept cash, debit cards, and credit cards. A driver's license must also be presented to validate the name and signature on the credit card.

Please accept our apology if our payment policy seems strict or inconvenient. These policies will allow our focus to remain on your pet's health. Thank you in advance for your cooperation.

## **PAYMENTS ARE DUE WHEN SERVICES ARE RENDERED.**

Print clearly the owner's or agent's **name responsible for payment:**

Name \_\_\_\_\_ Client # \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

Current address of Owner/Agent \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate Phone number \_\_\_\_\_

Name of Pet \_\_\_\_\_ Date \_\_\_\_\_