



Internal Use Only: Client #: _____

NCF Line Item Entered for Welcome E or C

S/A Enter Client Info Referral Init: _____

Form updated 10/27/20

WELCOME!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!



NEW CLIENT REGISTRATION Date: _____

Owner's Name _____ Cell# _____

Co-Owner's Name (if any) _____ Relationship: _____ Cell# _____

Owner's Address _____
Street City, State, Zip

E-mail address: _____
 (We use the e-mail address for test results, doctor communication, specials, and reminders)

Are you in the Military? Active Military Veteran No

#1 Contact Preference: Home Phone: _____ Cell Phone E-mail

Emergency Contact besides Owner or Co-Owner _____ Phone # _____

How did you hear about us?

- Radio Newspaper BSVC Website Drive-by
- Phonebook Hospital- _____ Other (please specify) _____
- BSVC Client Referral: Name: _____ Phone # or Pet's Name: _____
- Friend Relative

I authorize the veterinarian to examine, prescribe for, or treat my pet. I certify that I am 18 years of age or older and assume responsibility for all charges incurred in the care of the animal. I understand that payment is due at the time services are rendered and that I can pay by cash, check, Visa, MasterCard, American Express, Discover or Care Credit.

I authorize the Ballston Spa Veterinary Clinic to share my pet's picture/video and story to others by Social Media (Facebook, Twitter, Clinic Website, ect..)

Client signature: _____ Date: _____

❖ Please turn sheet over to complete your Pet's information ❖

Information on Pet # 1

Name _____

Birth Date _____ or Age _____ Unsure

Species Cat Dog Other _____

Color _____

Breed _____ Sex _____

Spayed/Neutered? No Yes @ Age _____

Pet acquired from? _____

Date of last vaccine _____

Where vaccines obtained _____

Any long term problems? _____

Current Medications _____

Reason For visit _____

Information on Pet # 2

Name _____

Birth Date _____ or Age _____ Unsure

Species Cat Dog Other _____

Color _____

Breed _____ Sex _____

Spayed/Neutered? No Yes @ Age _____

Pet acquired from? _____

Date of last vaccine _____

Where vaccines obtained _____

Any long term problems? _____

Current Medications _____

Reason For Visit _____



Information on Pet # 3

Name _____

Birth Date _____ or Age _____ Unsure

Species Cat Dog Other _____

Color _____

Breed _____ Sex _____

Spayed/Neutered? No Yes @ Age _____

Pet acquired from? _____

Date of last vaccine _____

Where vaccines obtained _____

Any long term problems? _____

Current Medications _____

Reason For visit _____

Information on Pet # 4

Name _____

Birth Date _____ or Age _____ Unsure

Species Cat Dog Other _____

Color _____

Breed _____ Sex _____

Spayed/Neutered? No Yes @ Age _____

Pet acquired from? _____

Date of last vaccine _____

Where vaccines obtained _____

Any long term problems? _____

Current Medications _____

Reason For Visit _____