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**

(Circle all that apply)

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How did you become aware of our clinic? Drove by____ Yellow Pages____ Other Client____ Advertisement____ Online____

Personal Recommendation (Who may we thank?)_____

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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

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

Guignard Animal Clinic
1216 S. Guignard Dr
Sumter, SC 29150 **Ph. 803-775-9152** **Fx. 803-778-8146** **Email:** *guignardanimalclinic@gmail.com*

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 $32.00. 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 _____
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