



CONFIDENTIAL NEW CLIENT INFORMATION

Client: _____ Co-Owner: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Alternate Phone: _____
 Co-Owner Work Other _____

HELP US BE GREEN! EMAIL: _____
(We do not sell our email list. We email reminders, time sensitive alerts and hospital news only)

If we are unable to contact you in case of emergency call: _____

Phone number _____ Relationship _____

Patient: _____ Breed: _____

Age/Birthdate: _____ Sex: M F Neutered/spayed? YES NO

Previous Veterinary Hospital: _____ NONE

PLEASE LIST ANY ADDITIONAL PETS IN YOUR HOME. Include name, age, sex and breed:

Whom may we thank for the referral to Minnehaha Animal Hospital? _____
 Saw in neighborhood Website/online Veterinarians.com Facebook or MAH App
 Other hospital _____

Services I would like more information about: Wellness Plans Rewards Program

*Minnehaha Animal Hospital does not bill for services and cannot accept payment plans.
 We do accept Visa/Mastercard, American Express, Discover, Care Credit, checks and cash.
Professional fees must be paid at the time of each visit.*

I understand that I am financially responsible for all charges today. In the event of a default payment, I agree to pay collections costs and reasonable attorney fees totalling up to 40% of the default amount and any other future outstanding amounts.

Signature _____ Date _____