



Shohola Veterinary Hospital
 700 US Route 6 Ste 2
 Shohola, PA 18458
 (570) 409-3565

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:

Date: _____

CLIENT INFORMATION

Name: Spouse's Name:

Address: City: State: Zip:

Phone: Cell: Spouse Cell:

E-Mail Address:

*Would you like to receive reminders and updates via Email Text Phone

Person to Contact in case of Emergency

How did you become aware of our clinic? Drive by Facebook Internet Search Other

Personal Recommendation (Whom may we thank?)

	Pet # 1	Pet # 2	Pet # 3
Name			
Species-Dog/Cat/etc.			
Breed			
Date of Birth			
Sex: Spayed/Neuter			
Color			
Flea/Tick Prevention			
Heartworm Prevention Brand			
Last Veterinary Care Place			

I here by give permission to take and use photography/videos of my pet +/- me for the purpose of social media.

Signature: _____

We thank you for allowing us the opportunity to care for your pet. In order to provide the best possible animal medical care, we require payment in full at the end of your pet's examination and/or at the time of discharge. We routinely provide written estimates for all patients and will discuss the estimate with you prior to the treatment.

For some treatment or hospitalized care, a 50% deposit may be required. For your convenience Shohola Veterinary Hospital accepts several forms of payment including cash, personal checks (with drivers license of person on check), care credit, as well as all major credit cards.

"I am aware that my balance will be doubled if this account is assigned to an outside agency for collections. I am also aware that there is a \$35.00 charge for returned checks and they are subject to prosecution by the district attorney's office."

Owner's Signature _____ Date _____