



Animal Clinic & Wellness Center

628 Penniman Road
Williamsburg, VA 23185
757-253-0812

New Client Form

Client Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: _____ Cell: _____

We offer senior and military discounts. Do you qualify for the senior citizen discount? YES NO

Are you active or retired military? YES NO

Previous Veterinary Hospital: _____

Patient Information

Pet #1

Name: _____ Sex: FEMALE MALE Is your pet spayed/neutered? YES NO

Birthday: _____ Age: _____ Species: CANINE FELINE

Breed: _____ Color: _____ Markings: _____

Is your pet microchipped? YES NO

Pet #2

Name: _____ Sex: FEMALE MALE Is your pet spayed/neutered? YES NO

Birthday: _____ Age: _____ Species: CANINE FELINE

Breed: _____ Color: _____ Markings: _____

Is your pet microchipped? YES NO

Please let one of our team members know if you have more than two pets.

Financial Policy

All services and products are expected to be paid in full at time of service. Payment options include cash, major credit cards, and Care Credit. **We do not accept payment plans.** I have read, understand and agree to the financial policy.

I acknowledge that I am the owner, or authorized agent, of the pet(s) listed above. I am 18 years or older.

Client Signature: _____ Date: _____