



NEW CLIENT INFORMATION

Date: _____

Thank you for selecting Miller Veterinary Services for your pet health care needs. Please help us create an accurate record for you and your pet by completing the following information:

Client Name: _____ Spouse/Partner: _____

Mailing Address: _____

City, State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Driver's License No./State: _____

PET INFORMATION:

Pet's Name:	Pet's Name:
Sex: Male / Female Spayed/Neutered?: Yes / No	Sex: Male / Female Spayed/Neutered?: Yes / No
Species: Canine / Feline / Other Age:	Species: Canine / Feline / Other Age:
Breed: Color(s):	Breed: Color(s):
Other Health Issues:	Other Health Issues:

SOCIAL MEDIA RELEASE

Do we have your permission to use your pet's picture for training and/or social media? YES NO

I grant Miller Veterinary Services, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same for such purposes as publicity, illustrations, advertising, and web content.

Signature if permission granted: _____

A referral is the highest compliment we can receive. If someone referred you to our hospital, please provide us with their name so that we can thank them! _____

Professional fees are due at the time services are rendered. We do not offer payment terms. We do not accept checks. We do accept Cash, Visa, MasterCard, American Express, Discover, and Care Credit. We will provide a written estimate for cases that require hospitalization, emergency care, surgery, or in-hospital treatment. Deposits prior to hospitalization may be required.

Client Signature

Printed Name

Date