



## WELCOME!

Thank you for giving our veterinarians and staff the opportunity to care for your pet(s)!. So that we may be better able to meet your needs, please complete the following.

### New Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Phone Numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_

Alternate contact name \_\_\_\_\_

Alternate contact Cell \_\_\_\_\_ Alternate Contact Work \_\_\_\_\_

E-mail address \_\_\_\_\_

(We use your e-mail address to send you a welcome invitation to your pet's online pet portal (Petly) if you choose to utilize this free service)

### Payment Policy

Payment is due at the time services are rendered and/or at the time of discharge. We accept cash, checks, VISA, Mastercard, American Express, Discover, and Care Credit as forms of payment. Advanced minimum deposit of half of your estimate is expected for pets left in the clinic for overnight treatment or diagnostics. This also applies to extensive treatment of severely ill patients or boarders staying longer than one week unless prior arrangements have been made.

All information I have provided here is true to the best of my knowledge. I have read and understand the Terms of Service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

P: 936-295-8106

email: [hpcstaff@huntsvillepetclinic.com](mailto:hpcstaff@huntsvillepetclinic.com)