



BARDSTOWN VETERINARY CLINIC

New Client Information Sheet

WELCOME TO OUR CLINIC!! Please fill out this form to help us better serve you and understand your pets' special needs.

Owner's Name _____ Spouse: _____

Address (include city & zip code): _____

Home Phone #: _____ Cell Phone #: _____

E-mail address: _____

Preferred Method of Contact: _____ Home / Cell / Text / E-mail

Place of Employment: _____ Phone #: _____

SS#: _____ Driver's License #: _____ DOB: _____

Pet's Name: _____ DOB or Age: _____ Breed: _____ Color: _____

_____ Male / Neutered? _____ Female / Spayed? _____

Any past or present medical conditions? _____

Date of last vaccinations: _____ Vaccines given at: _____

Is your pet currently on any medications, vitamins, or herbal supplements?:

If so, please list: _____

Does your pet have pet insurance: YES / NO

Microchip: YES / NO

How did you hear about our clinic? (yellow pages, facebook, etc) _____

If a friend, may we ask whom? _____

We set aside dedicated time for you and your pet that is for you and you alone. We understand that unplanned issues may arise. If you find it necessary to cancel, we respectfully ask that you provide 24 hours advance notice so that we may offer this appointment time to another patient. Without proper notice, you may be charged a \$25.00 fee. We reserve the right to not schedule you any more appointments after several short notice/no show appointments.

If you are more than 10 minutes late for your scheduled appointment, you may be asked to reschedule.

Please be aware that **payment - in full - is expected at time of service**. We accept cash, check, MasterCard, Visa, Discover, American Express and Care Credit. If paying by check, you will need to present your Driver's License when checking out.

Signature: _____

Date: _____