

****REQUIRED FIELD**

Cornelia Veterinary Hospital

New Client Form

****Client Name:** _____

****Client Address:** _____

****Cell phone number:** _____

****Email address:** _____

Secondary contact name: _____

Secondary phone number: _____

Secondary email: _____

****Pet name:** _____

****Pet age/birthday:** _____

****Species/breed:** _____

Male/female: _____

Spayed/neutered: _____

****Previous vet and contact info** _____

“I authorize the veterinarian on duty and any designated assistants to administer treatment as is considered therapeutically or medically necessary. I understand that, at my request, I can receive an estimate of the cost for any recommended services. I understand and agree that payment in full is due at the time services are rendered.”

By signing your name on the line below, you agree to the above statement.
