

BUCKNER ANIMAL CLINIC

New Client Information Form

Welcome to Buckner Animal Clinic! Please help us provide your pet with the best care possible by completing the information on this form.

Today's Date: ____/____/____ Ms. Mr. Mrs. Dr. Are you over 65 years of age? No Yes

First Name: _____ MI: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____ (Recommended! You will receive reminders and occasional offers)

How did you hear about us? Our website Google Yelp Yellow Pages Greensheet Welcome Wagon
Drove by Personal Referral (Who can we thank? _____) Other _____

Method of Payment: For your convenience we accept VISA, MasterCard, American Express, Care Credit, and cash or check (with a valid driver's license). Please check one: Cash Check Debit/Credit Care Credit

PET INFORMATION (Please complete all fields for each of your pets!)

Pet 1: Name: _____ Age/Birthday: _____ Male Female | Spayed/Neutered

Species: Canine Feline | Breed: _____

Color(s)/Marking(s): _____ Weight: _____

Has your pet ever had a reaction to vaccines or medications? Yes No | If yes, specify: _____

Pet 2: Name: _____ Age/Birthday: _____ Male Female | Spayed/Neutered

Species: Canine Feline | Breed: _____

Color(s)/Marking(s): _____ Weight: _____

Has your pet ever had a reaction to vaccines or medications? Yes No | If yes, specify: _____

Pet 3: Name: _____ Age/Birthday: _____ Male Female | Spayed/Neutered

Species: Canine Feline | Breed: _____

Color(s)/Marking(s): _____ Weight: _____

Has your pet ever had a reaction to vaccines or medications? Yes No | If yes, specify: _____

Note: Payment in full is required at the time services are rendered, or when dropping off your pet for treatment. We recommend discussing treatment options and charges with the doctor before services are rendered. We make every effort to ensure that all fees are fair and reasonable.

Signature: _____ Date: _____