



Corinth Animal Hospital

New Patient Form

Client Information	Pet Owner's Full Name _____	
	Spouse/Other's Full Name _____	
	Address _____	City _____ State _____ Zip Code _____
	Cell Phone _____	Spouse/Other Cell Phone _____
	Work Phone _____	Spouse/Other Work Phone _____
	Home Phone _____	Email _____
	How did you hear about us? Personal Referral _____ Sign _____ Online _____ Other _____	
	We offer a one-time referral discount to new clients referred by current customers.	

Patient Information	Pet's Name _____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
	Breed _____	Sex _____	Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Color _____	Birthday/Age _____	Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous Vet Hospital _____		Previous Vet Phone Number _____

Patient Information	Pet's Name _____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
	Breed _____	Sex _____	Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Color _____	Birthday _____	Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous Vet Hospital _____		Previous Vet Phone Number _____

Patient Information	Pet's Name _____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
	Breed _____	Sex _____	Spayed / Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Color _____	Birthday _____	Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous Vet Hospital _____		Previous Vet Phone Number _____

I hereby authorize the staff of Corinth Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I am financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered.

Signature _____ Date _____