

Vidalia Veterinary Clinic

Caring for the Heartbeat at your Feet

303 West 1st Street

Vidalia, GA 30474

Office: (912) 537-1069 Fax: (912) 537-1113

WELCOME!

Thank you for giving us the opportunity to care for your pet! Please take the time to fill out this form.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail: _____

Social Security Number (optional): _____ - _____ - _____ Driver's License Number: _____

Spouse's Name: _____ Spouse's Cell Phone: _____

Is anyone other than yourself authorized to make medical decisions or approve treatments for your pet(s)?

Name: _____ Phone: _____

PET INFORMATION

Pet's Name: _____	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Previously Spayed or Neutered?	Obtained from:
Breed: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Individual
Color(s): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Pet Shop <input type="checkbox"/> Shelter
Age/Birth Date: _____			<input type="checkbox"/> Breeder <input type="checkbox"/> Stray

*For the safety of our staff, clients, and fellow patients, please alert us if your pet is fearful or aggressive so that we can take appropriate precautions.

Clinic Policy: Payment is due in full at the time services are rendered.

We accept cash, all major credit/debit cards, Scratch Pay and Care Credit.

We do not allow the charging of any services or products, nor do we accept checks.

We will gladly prepare an estimate for you upon request for recommended procedures and treatments for your pet. Understand that an estimate is not an exact figure amount and additional testing and/or treatment may be needed. Please alert the receptionist prior to seeing the veterinarian with any concerns about being able to pay for services.

AUTHORIZATION

I hereby authorize the staff of Vidalia Veterinary Clinic (VVC) to provide medical care/treatment/surgery for all current and future pets on my account from this date forth. I agree to hold harmless VVC for any injuries incurred to or by my pet or myself while in the care of the clinic. I assume responsibility for all charges incurred and understand that those charges must be paid at the time of release. I also understand that a deposit may be required for treatments and services.

I authorize Vidalia Veterinary Clinic (VVC) to take photos of my pet(s) during any visit to VVC and use for any purpose including but not limited to; record keeping, advertising, and web/social media content.

Owner Signature

Owner Printed Name

Date

New Client Form

Dr. Sheryl Sheppard

NB