



# DIME BOX ANIMAL CLINIC

4287 East State Hwy 21  
Dime Box, Texas 77853

979-884-2838  
After Hours: 979-540-8876

## New Client Form

Please fill out this form completely to the best of you knowledge:

Today's Date _____		
Last Name: _____		First Name: _____
Spouse's Name: _____		
Street Address: _____		City: _____ Zip: _____
State: _____		
Home Phone: _____		Cell: _____ Work: _____
Place of Employment: _____		Phone# _____
Driver License: _____		Date of Birth: _____
Email: _____		
Clinic Referral : _____		
Emergency Contact Name/#: _____		

### **Dime Box Animal Clinic Payment Policy:**

I hereby authorize the veterinarian to examine, prescribe for or treat the described pet. I assume responsibility for all charges incurred in the care of the animal. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. I understand that for emergencies, in which funds are limited, half of the payment must be paid up front and there must be a held check on file that contains the remaining amount. I understand if I do not have a deposit at time of services, I must leave a held check containing the full amount of the bill. I understand with any held check on file I must show proof of a current driver's license. I understand that a \$200 deposit is required for any service over \$500. I also understand that by not making pay regular payments on unpaid balances it is considered a theft of services and will be filed on with the authorities. This could affect your future credit. I understand that bills over 30 days unpaid will have a late charge added to the current balance. I also understand the acceptable payment methods are: CASH, CHECK, OR CREDIT CARD.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If you have any question about the payment policy please ask before signing.)*

Please continue on the back page to fill out pets info



# Animal Information

1. Pet Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female Spayed Male Neutered

Does your pet have a microchip? YES NO # \_\_\_\_\_

Is your pet on any other medication, Heartworm, dewormer, or any known allergies? If so please list below:

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2. Pet Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female Spayed Male Neutered

Does your pet have a microchip? YES NO # \_\_\_\_\_

Is your pet on any other medication, Heartworm, dewormer or any known medications, or have any other known allergies? If so please list below:

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3. Pet Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female Spayed Male Neutered

Does your pet have a microchip? YES NO # \_\_\_\_\_

Is your pet on any other Heartworm, Dewormer, or any known medications, or does your pet have any other allergies? If so please list below:

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4. Pet Name: \_\_\_\_\_ Birth Date/Age: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Female Spayed Male Neutered

Does your pet have a microchip? YES NO # \_\_\_\_\_

Is your pet on any Heartworm, Dewormer or any known medications, or does your pet have any other allergies? If so please list below:

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