

Clifton Veterinary Clinic

New Client Information Sheet

Welcome to the Clifton Vet Clinic family! We are so honored you have chosen us to be your veterinary care team. Please take a moment to fill out the following information so we may update your account.

Date: _____

Name: _____ Spouse: _____

Mailing address _____

Residence (if different than mailing address) _____

Phone numbers: _____

Email address: _____

Payment is due in full at the time services are rendered. We have third party payment options available should you need them. How will you be paying for services rendered today?

Cash__ check__ Credit Card__ Debit Card__ Care Credit__ Scratch Pay__

Pet Name	Birthdate	Sex	neutered/spayed	color
		M F	Yes No	
		M F	Yes No	
		M F	Yes No	
		M F	Yes No	
		M F	Yes No	