

NEW CLIENT FORM

Primary Account Holder Information:

Name (last, first, MI) _____
Primary Phone # _____ Secondary Phone #: _____
Physical Address: _____ City: _____ State : _____ Zip: _____

Mailing address if different from above:

Mailing Address: _____ City: _____ State : _____ Zip: _____
Email Address: _____

Current Employer/ Business Name: _____ Phone #: _____
Drivers license #: _____ State issued: _____ Expiration: _____
Social Security # : _____

Secondary Account Holder Information:

Secondary name on account: _____ Relation: _____
Secondary account holder employer/ business name: _____ Phone # _____
Secondary account holder Drivers license #: _____ State issued: _____ Exp: _____
Secondary account holder SS#: _____ Secondary Email Address: _____

Method of payment : Cash _____ Check _____ Card _____

Please use the backside of the sheet to draw a map to your location if it cannot easily be accessed by GPS

I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time services are rendered and that a deposit may be required for medical or surgical treatment. If collection services are required, I will be responsible for all attorney fees, court costs and collection fees.

Owner or responsible party signature _____ Date. _____

STANDARD PHOTO RELEASE _____ (initial)

I hereby authorize Bar SL Veterinary Services, LLC. To publish the photographs taken of my animal(s) for use in their website, Facebook, and other publications for teaching purposes. I further agree that my participation in any publication and website produced by Bar SL Veterinary Services, LLC. Confers upon me no rights of ownership whatsoever. I release Bar SL Veterinary Services, LLC., It's its doctor(s) and its employees from liability for any claims by me or any third party in connection with my participation.