



Pinehurst Animal Hospital & Dental Clinic

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NEW CLIENT FORM

Welcome to Pinehurst Animal Hospital & Dental Clinic! Thank you for giving us the opportunity to care for your pet(s). In order for us to better serve you and to get to know you, please complete the following:

Client information Active or retired military— 10% off services—Thank you for your service to our country

Date _____

Email Address (will not be given out) _____

Title _____ First Name _____ Last Name _____

Spouse's First Name _____ Spouse's Last Name _____

Mailing Address _____

City/ State _____ Zip _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Spouse's Employment _____ Spouse's Work Phone _____

How did you become aware of our clinic? Yellow Pages Recommendation Website
 Online Sign Other _____

If Recommended, by whom? _____
We appreciate referrals and we will be sure to thank the one who referred you to us with a special certificate!

Patient Information

Pet's Name _____ Date of Birth _____ Species/ Breed _____

Sex: Male (neutered : yes/ no) Female (spayed: yes/ no) Color _____

Any previous serious illness or injury? _____

Any allergies to vaccines or medications? _____

Describe your pets diet: _____

Why is your pet here today? _____

Authorization

Pinehurst Animal Hospital requires payment in full and is expected at the time services are rendered. We will be happy to give you an estimate before any charges are incurred, just let us know.

I hereby authorize the Veterinarian to examine, prescribe for and/ or treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. Also, I understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.

Signature of owner or person responsible for payment: _____

Payment options: Cash, Check, Mastercard, Visa, Discover, Care Credit