



**EXPRESS
VETS**

5485 Bethelview Road, Suite 440
Cumming, GA 30040
Phone: 470-239-7672
Fax: 470-239-7178
Email: info@expressvets.com

**Convenient • Affordable
Veterinary Care**

NEW CLIENT INTAKE FORM

Owner's Last Name _____ Owner's First Name _____

Address _____ City _____ State _____ Zip _____

County of Residence _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Employer _____

**Email addresses are important because this is how we send our reminders to you!*

Driver's License _____ Spouse _____

Patient Name _____ Canine/Feline _____ Spayed/Neutered _____

Breed _____ Color _____ Age _____ Male _____ Female _____

Patient Date of Birth _____ Has pet been vaccinated in the last 12 months? Yes _____ No _____

List any past or on-going medical issues: _____

Patient Name _____ Canine/Feline _____ Spayed/Neutered _____

Breed _____ Color _____ Age _____ Male _____ Female _____

Patient Date of Birth _____ Has pet been vaccinated in the last 12 months? Yes _____ No _____

List any past or on-going medical issues: _____

**Additional patients may be listed on the back of this form.*

How did you become aware of Express Vets? Online _____ Clinic Sign _____ Mailer/Brochure _____ Other _____

If a friend/family member recommended us, who may we thank? _____

Form of Payment: _____ Credit Card _____ Check _____ Cash _____

Payment is due at the time services are rendered. I understand there will be a service charge of \$35.00 on all returned checks. I will be responsible for payment of all charges incurred on behalf of this/these animal(s) and any future animals I bring in for services at Express Vets. A collection fee will be added to the balance of any accounts sent to a collection agency.

Responsible Party's Signature _____ Date _____