

New Client/New Patient Questionnaire

Client Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency #: _____

E-Mail Address: _____

Drivers License #: _____ Date of Birth: _____

Spouse/Alternative Owner Name _____ Phone# _____

Pet's Name: _____ **Breed:** _____

Species: Canine _____ / Feline _____ **Sex:** _____ **Spayed or Neutered?** _____

Color: _____ **Long/Short hair** _____ **Date of Birth or Approx. Age:** _____

Microchip # _____

If you have previous veterinary care information with you, please give it to the receptionist or email to cherryhillanimalclinic@gmail.com...Thank you.

Where did you get your pet? _____

How did you hear of our practice? _____

If referred by a client, who may we thank? _____

Cherry Hill Animal Clinic has permission to use pictures of my pet to post on their facebook/instagram _____
Initials

Prescribers in Michigan are required by the state to use the Michigan Automated Prescription System (MAPS) to track most controlled substances to assess patient risk and aid in preventing drug abuse and diversion at the prescriber, pharmacy, and patient levels. By signing below, you acknowledge that we may have to access your information through this system and in this case it will be held confidential in order to dispense controlled substances for your pet. All prescribed controlled substances from our practice are also input into the system daily as required by law.

Payment is expected at the time of service. We do not bill or have payment plans available. We accept cash, and all major credit cards. Established clients who we have seen 3 more times may pay with a check, but we cannot accept a check as payment on a first time visit. We also accept Care Credit and can give you more information on how to apply for this payment option.

I acknowledge I have read and understand the above information:

Signature _____ Date: _____