



Ken-Ton Animal Clinic

903 Brighton Road
Tonawanda, NY 14150
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contact@kentonac.com
www.kentonac.com

New Client Form

Owners Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

HOW WOULD YOU LIKE TO RECEIVE FUTURE MEDICAL REMINDERS?

(Circle one) DELIVERED MAIL or EMAIL : _____

*An e-mail address is required for the online Pet Portal

Pet Name: _____ Breed: _____
Age or Birth Date: _____ Male or Female Neutered or Spayed

Pet 2 Name: _____ Breed: _____
Age or Birth Date: _____ Male or Female Neutered or Spayed

Are there any prior records for your pet(s)? (circle one) **YES / NO**

Do you need to request them from another clinic? (circle one) **NO, I BROUGHT THEM / YES, I NEED TO REQUEST THEM**

Payment is due when services are rendered by Cash, Check or Credit Card.

How will you be paying today?

(circle one) CASH CHECK (ID REQUIRED) CREDIT CARD CARE CREDIT

If any balances are unpaid for 60 days, they will be sent to a collection agency. You will be responsible for the unpaid balance and any collection fees involved in remedying the situation.

Any returned checks will be charged a \$25.00 service fee. By signing below, I understand that balances are due in full on the day of service and agree to the above stipulations.

SIGNATURE: _____ Date: _____

Social Media Policy: (Optional) Ken-Ton Animal Clinic utilizes social media marketing as a business tool, an educational resource for pet owners, and as an enjoyable way to share our patients' pictures. By signing this disclaimer, I allow you to take photographs and utilize these photos on social media sites such as Facebook, Instagram and kentonac.com.

SIGNATURE: _____ Date: _____