



Catawba Veterinary Hospital, Inc.
2954 NE Catawba Road
Port Clinton, Ohio 43452
419-797-2180

New/Update Client Form

Welcome and Thank You for choosing us to care for your pet(s). Our hospital policy is to provide your pet with quality care. Please take a few minutes to fill out this client information for you and your pet(s). If you have any questions, please don't hesitate to ask. THANK YOU

Owners Name _____ Significant other _____

Address _____ City _____ State _____

Zip _____ County _____ E- Mail _____

If you would like text notification, Number: _____ Carrier _____

Home Phone _____ Alt # _____

Cell _____ Cell _____

Work Name _____ Work Name _____

Work Phone _____ Work Phone _____

D L # _____ DL # _____

SS# _____ SS # _____

Date of Birth _____ Date of Birth _____

(SS Number required for both Owner and spouse on any account not paid in full)

Pet Name _____

Pet Name _____

Breed _____

Breed _____

Sex _____ Altered Yes _____ N _____

Sex _____ Altered Yes _____ No _____

Color _____ DOB _____

Color _____ DOB _____

If recommended by an established client, they receive a thank you gift certificate. Whom may we thank?

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit is required for treatment.

Signature of responsible Owner/agent

Signature of responsible Owner/agent Date