

**Malabar Country Veterinary Clinic
New Client Form**

First Name _____ Last Name _____
Spouse Name _____
Address _____ City _____ Zip _____

Clinic correspondence, patient healthcare, and appointment reminders are delivered via texts and/or emails. Please note if we may contact you via cell phone and/or email address.

Primary Phone _____ may we text? _____
Secondary Phone _____ may we text? _____

Email Address _____
May we use your email for communication purposes (ie: vaccine or appointment reminders) _____

Emergency Contact Person _____ Relationship _____
Contact Phone Number _____

Are you active military or a veteran? _____ Please supply military ID - once this is supplied, we will notate your account in our system and you will be eligible for a 15% discount.

On occasion we take photographs of patients for social media purposes. Please check the box indicating if we may (or may not) use an image of your pet on our website, social media, or for educational or promotional purposes.

Yes, you may use an image of my pet online _____
No, please do not post images of my pet online _____

Signing below denotes that you have read and understand the following:

- Payment in full is due at the time of services rendered. We accept Cash, Credit/Debit, Check, and care credit.
- Pets that are brought in are required to be on a three foot leash or in a carrier. Animals on flex-leashes need to have the leash "locked" at no more than three feet.

Owner Signature (must be 18 yrs or older)

Date