NEW CLIENT FORM

COMPASSION • HOPE • EXPERIENCE

VSNT

Sara Allstadt, DVM
Diplomate ACVIM
[Oncology]

Samantha Bailey, DVM
Diplomate ACVIM
[Small Animal Internal Medicine]

Derek Burney, DVM, PhD
Diplomate ACVIM
[Small Animal Internal Medicine]

Stephanie Cook, DVM,
Diplomate ACVR
[Radiation Oncology]

Michelle LaRue, DVM, MS
Diplomate ACVIM
[Oncology]

Samantha Muro, DVM, MS
Diplomate ACVIM
[Small Animal Internal Medicine]

Carlos Rodriguez, Jr., DVM, PhD
Diplomate ACVIM
[Oncology]

Rebecca Tims, DVM
Diplomate ACVIM
[Small Animal Internal Medicine]

Allison Wilson, DVM
Diplomate ACVIM
[Small Animal Internal Medicine]

4631 Citylake Blvd. West
Fort Worth, TX 76132
Phone: 817.263.4300
Fax: 817.263.4301
Email: fortworth@vsnt.com
www.vsnt.com

OWNER'S INFORMATION:

Owner's Name: _____

Spouse/Partner: _____

Street Address: _____

City, State, Zip: _____

Owner's Phone: _____

Preferred method of contact:
☐ Phone _____
☐ Text _____
☐ Email _____

PATIENT INFORMATION:

Patient's Name: _____

Type: ☐ Dog ☐ Cat **DOB or age:** _____

Breed: _____ **Color:** _____

Sex: ☐ Male ☐ Female ☐ Male Neutered ☐ Female Spayed

Referring Doctor: _____

Hospital Name: _____

Reason for referral: _____

Primary doctor:
(if different than above) _____

PAYMENT POLICY:

Please select your choice of payment:
☐ Credit Card
☐ Cash
☐ Check

Payment in full is due when services are rendered. A deposit may be required before extensive testing may be done. A detailed estimate will be provided prior to any procedures. In order to avoid future misunderstandings, please thoroughly discuss your pet's treatment plan and fees with the doctor prior to approving any services.

A $25 fee will be added to all returned checks. Any unpaid balances carried to the following month will accrue an interest rate of 2% per month compounded. Statements will be sent at the end of each month and past due accounts will subsequently be turned over to a collection agency for collection of all unpaid balance, plus interest, and collection fees.

Images of your pet may be used for educational or marketing purposes. ☐ **YES** ☐ **NO**

SIGNATURE OF OWNER/RESPONSIBLE PARTY:

_____ _____

(must be at least 18 years of age) **Date**