

Scott Pawling DVM  
**RICHMAN ANIMAL CLINIC**  
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## **NEW CLIENT FORM**

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Spouse's phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Place of Employment \_\_\_\_\_

### **Social Media Consent**

We would love to be able to post photo's of your pet on our social media pages, please fill out the following if you consent to images or videos being posted online.

I consent that Richman Animal Clinic may post photos of (pets name) \_\_\_\_\_ on social media. I understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### **ALL FEES ARE DUE AT TIME OF SERVICE**

Please indicate choice of payment: \_\_\_ CASH \_\_\_ CREDIT/DEBIT (Visa/MC/AMEX/Discover)

How did you become aware of our clinic? \_\_\_ Drove by \_\_\_ Yellow Pages/Internet \_\_\_ Previous Client

Other \_\_\_\_\_

Personal Recommendation (Who may we thank?) \_\_\_\_\_

### **Your Pets Information, can add any additional pets here**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Color: \_\_\_\_\_

Male or Female: \_\_\_\_\_

Neutered/Spayed: \_\_\_\_\_