



160 Corporate Blvd., Indian Trail NC
(704)821-7040 Fax: (704)821-4692

NEW CLIENT WELCOME FORM

Please help us enter accurate information by printing clearly.
Must be at least 18 years old.

Welcome to the Indian Trail Animal Hospital family - we are glad you are here!

At Indian Trail Animal Hospital, you will experience high quality up-to-date pet healthcare delivered by a caring and compassionate team that makes partnering with you to improve the health of your pet and the strength of your bond our highest priority.

Our mission is to care for your family by nurturing the human-animal bond. Please let us know how we can fulfill our mission for your family. **Our Values:**

- Genuine relationships with your family and pets
- Your time and commitment to your pets
- The application of modern medicine to better serve your family
- Training for our entire medical team, and sharing our knowledge with you

Thank you for taking the time to fill this form out as completely and accurately as possible.

Are you the: Owner Co-Owner Responsible Party

Owner Information:

Co-Owner or Responsible Party Information:

Name: _____

Name and relationship to owner: _____

Address: _____

Address (if different): _____

City/State/Zip: _____

City/State/Zip: _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Email: _____

Email: _____

If other individuals are permitted to make medical and/or financial decisions for your pets, please list their name and contact information here:

Contact preference (Please mark 1, 2, 3): Phone call Text message E-mail

How did you hear about us? _____

Should we share a referral discount with any specific person? _____

I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR SURGICAL TREATMENT. I ALSO GRANT INDIAN TRAIL ANIMAL HOSPITAL PERMISSION TO POST MY PET'S PICTURE, STORY, AND MEDICAL INFORMATION ON SOCIAL MEDIA.

Owner or Responsible Party Signature _____ **Date** _____

Must be at least 18 years old

Printed Name _____

Verified & Scanned by: _____