

**KINGS ROW PET HOSPITAL**

**3653 KINGS ROW**

**RENO NV 89503**

**(775) 747-1211**

**New Client Information**

**Please Fill Out Completely**

Client # \_\_\_\_\_

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

Last

First

Spouse/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Spouse's Employment: \_\_\_\_\_

Reason For Visit: \_\_\_\_\_

**Please Note:**

The fees are due and payable at the time of discharge unless prior arrangements are made with the doctor or office manager. Failure to pay for and claim your pet at time of discharge may constitute abandonment (NAC638.052 and NAC 638.051) at which time the pet becomes property of Kings Row Pet Hospital. You will still be legally responsible for costs incurred, including boarding fees.

Signed \_\_\_\_\_ Date \_\_\_\_\_