



# COBB VETERINARY CLINIC

2504 S. Co. Rd. 1110  
Midland, TX 79706  
432-682-6405 (Phone)  
432-682-6402 (Fax)

## NEW CLIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL PROVIDER (i.e. AT&T, Verizon, Sprint) \_\_\_\_\_

REMINDERS SENT BY E-MAIL  TEXT  OR U.S. MAIL  (CHECK ONE)

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SOC. SEC. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ EXP \_\_\_\_\_ STATE \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**\*\*IN CASE OF AN EMERGENCY\*\***

NAME \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

PHONE# (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

**\*\*DESCRIPTION(S) OF YOUR PET(S)\*\***

NAME	BREED	AGE	COLOR	SEX	HEALTH PROBLEMS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**\*\*OUR PAYMENT POLICY\*\***

WE REQUEST PAYMENT IN FULL BY EITHER CASH, CHECK OR CREDIT CARD AT THE TIME PROFESSIONAL VETERINARY SERVICES ARE RENDERED UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE. IF BILLED, INTEREST WILL ACCRU ON ALL PAST-DUE SUMS AT THE RATE OF 18% PER ANNUM BEGINNING 30 DAYS AFTER THE DATE OF EACH STATEMENT IS MAILED.

**CLIENT'S SIGNATURE** \_\_\_\_\_

**TODAY'S DATE** \_\_\_\_\_