



Paws & Claws Veterinary Clinic

501 Kings Bay Road

Kingsland GA 31548

Phone: 912-673-7905 Fax: 912-673-9509

New Client Registration

We would like to thank you for choosing us as your pets trusted Veterinarian. We strive to provide each pet and pet owner with a positive experience while receiving exceptional care.

Client Information

Primary Account Holder Full Name: _____

Mailing Address: _____

City: _____ State: _____

Primary Phone Number: _____ Secondary _____

Email Address: _____

Place of Employment: _____ Phone: _____

Spouse Information

Spouse/Partners Full Name: _____

Mailing Address (if different than account holder): _____

City: _____ State: _____

Primary Phone number: _____ Secondary: _____

Email Address: _____

Place of Employment: _____ Phone: _____

Emergency Contact: Please list someone who can be reached if you are unavailable.

Name: _____ Relation: _____

Primary Phone Number: _____ Secondary: _____

Address: _____

Email Address: _____



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Previous Veterinarian: _____

Location: _____ Phone Number: _____

Pet Name: _____ Dog _____ Cat _____ Color: _____

Breed: _____ Date of Birth/Age: _____

Sex: _____ Spayed/Neutered: Yes or No

Please list any medications your pet currently takes including flea and/or Heartworm preventions: _____

Does your pet have any major health concerns or diagnosis': _____

Pet Name: _____ Dog _____ Cat _____ Color: _____

Breed: _____ Date of Birth/Age: _____

Sex: _____ Spayed/Neutered: Yes or No

Please list any medications your pet currently takes including flea and/or Heartworm preventions: _____

Does your pet have any major health concerns or diagnosis': _____

_____ I do not give authorization of photos of my pet to be used on social media.

_____ I authorize PCVC to use photos of my pet on social media.



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Hospital Policies and Treatment Authorization

Please read and initial each item

_____ The information given is current and I understand it is my responsibility to inform Paws & Claws Veterinary Clinic of any changes in my contact information or status in my pet's health.

_____ I give full authorization to the Veterinarian(s) at Paws and Claws to examine, treat and prescribe for my companion pets. It is agreed upon that the client is responsible for all charges at the time services are rendered to the pets listed in this account.

_____ Payment methods accepted: Visa, Mastercard, Discover, American Express, Care Credit and Cash. **NO CHECKS.**

_____ For your protection, we do not accept payments over the phone.

_____ Appointments are seen in the following order:

1. Emergencies 2. Appointments 3. Walk-ins or late arrival appointments We do our best to see our scheduled appointments as close to their appointment time as possible; however, sometimes an emergency will happen, and we ask for complete understanding in those situations.

_____ Please understand that arriving 10 minutes or later for your appointment will result in a wait time. We will do our best to see your pet as soon as the schedule allows.

_____ The owner is responsible for filing insurance claims with their pet's insurance companies. We can provide the pets SOAP notes and invoices, but we are not responsible for insurance claims.

_____ Here at Paws & Claws we will provide clients with a written treatment plan/estimate for procedures upon request. Treatment plans/estimates are approximations of actual costs and can vary upon further examinations and/or diagnostic testing.

_____ We offer drop off services for routine care as well as any procedures. If a drop off is utilized, a deposit of half the treatment plan will be required. The remainder will be paid at the time of pick-up.

How did you hear about us?

_____ Drove by/ walked in _____ Referred by a friend _____ Visited our website

_____ Through a local business _____ Visited our Facebook Page

Account Holder's Signature: _____ Date: _____